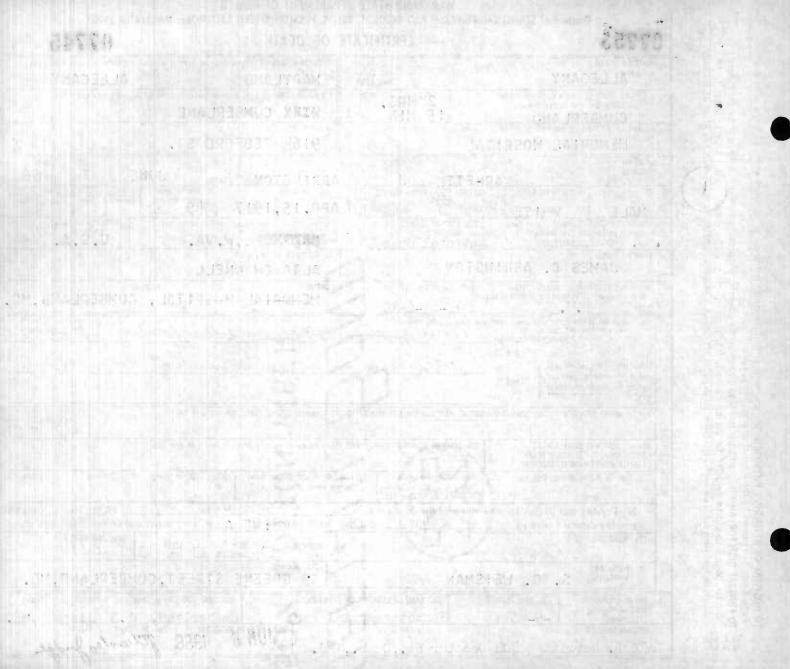
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death the funeral 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) PLACE OF DEATH b. COUNTY o. COUNTY ALLEGANY Middlesex MARYLAND in by the Pages b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) DAYS PERTH-AMBOY d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) n any event, within 72 filled MEMORIAL HOSPITAL 403 Lawrence STREET 50 NO X 3. NAME OF Middle remove carban First 4. DATE Month Year DECEASED 1066 MARY JUNE AGNI DEATH Type or print) 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 5 SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED 68 birthdoy) 4-14-1898 Hours FEMALE White WIDOWED DIVORCED 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) JUN home COUNTRY? during most of working life, even if retired) Hungary Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Medwick Unknown crematian, ar rema 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, pp, or unknown) (If yes give wor or dates of service MEMORIAL HOSPITAL CUMBERLAND, MD. NO None INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse Page 4 may be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been be detached for use as the State Dept. of Health priar ta WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While ot work of work . 1966, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram 1961, and that death accurred at 3:55M, Abon causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 22o. SIGNATURE **ATTENDING** M.D. PHYS DIRECTOR PHYS. director, page should be filed ADDRESS 22c. PHYSICIAN'S DR. NORTH CENTRE ST. 456 NAME (Type) H. 1.00 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (Stote) REMOVAL (Specify) St. Michael's Cemetery 6/17/66 Woodbridge, New Jersey 25b. REGISTRAR'S SIGNATURE 25o. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR ADDRESS VR A15 (4) 20 M 1/66 Cumberland. Maryland H. Waune George DATE

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY b. COUNTY Allegany after Allegany Maryland hours after MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Westernport c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b Pag 68 Years Westernport .⊑ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 409 Spruce Street 409 Spruce Street NO OC YES executed within completely NAME OF Middie Month Day Yeer OECEASED 1966 Marganet Helen Ahern June OFATH (Type or print) 6. COLOR OR RACE | 7. MARRIEO | NEVER MARRIEO 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS emove 8 last birthday) Months Hours any and White Nov. 1, 1878 Female WIDOWED ... DIVORCED 10b. KIND OF BUSINESS OR = 10a, USUAL OCCUPATION (Give kind of work done) 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician during most of working life, even If retired)
Housewife Own Home and Maryland certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova attending parmit. Then John Thompson Mary Hartley 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address d by the attend transit permit. cremation, or r (Yes, no. or unknown) (If yes nive war or dates of service) Westernport, Md. Mrs. Gerald Frantz no none 18. CAUSE OF DEATH [Enter only one cause per line-for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND OFATH been signed by the burial-transit or to burial, crema PART I. DEATH WAS CAUSED BY: the hospital or attending physician. week IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate as the prior to DUE TO cause (a), stating this certificate has b detached for use as t e Dept. of Health prior underlying cause last. (c) NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? CERTIFICAT YES NO T 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of Injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home, farm. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) det factory, street, office bldg., etc.) a Hour a.m. While Not While ATTENDING at work et work DIRECTOR: Af age 3 should billed with the S 19 1 be retained 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 430 M. from the causes and on the date stated above. 1966 saw the deceased alive on. 22b. OATE SIGNED 22a. SIGNATURE ATTENDING PHYS. STAFF page MED. DIRECTOR Page 4 may t M.D. PHYS. FUNERAL PHYSICIAN'S 22d. ADDRESS TO FUNERAL director, p NAME (Type) William W. Lesh. M.D. Westernport, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. OATE THEREOF REMOVAL (Specify) Burial Westernport. 13/66 Philos Cemetery Md. 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR **AODRESS** 24. VR A15 (4) 15M 4-64

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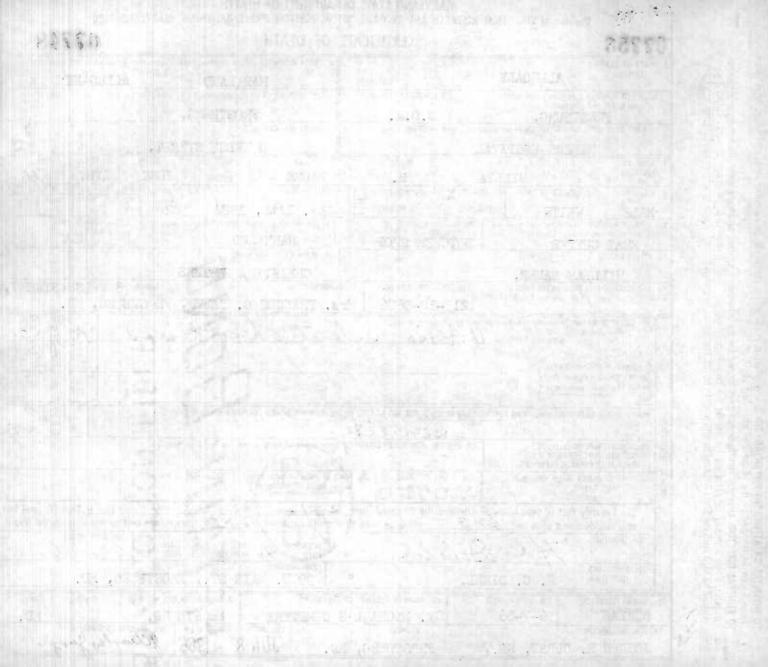
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07755 CERTIFICATE OF DEATH be executed within 24 haurs after deoth deoth funerol s 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 1. PLACE OF DEATH a. COUNTAL LEGANY b. COUNTY MARYLAND ALI EGANY MARYLAND papers. Pages 1 in 72 hours after C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside corporate limits. write RURAL and give nearest tawn) CUMBERLAND d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address) filled in I IS RESIDENCE ON A FARM? d. STREET ADDRESS 916 BEDFORD ST. MEMORIAL HOSPITAL NO X carbon ent, with 3. NAME OF Middle 4 DATE Month First Year completely DECEASED 1966 JUNE ARRINGTON DEATH (Type or print) ARNETT even IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years S. SEX DATE OF BIRTH 6. COLOR OR RACE **NEVER MARRIED** remove birthday) Months Dovs Hours APR. 15. 1917 WIDOWED DIVORCED WHITE MALE puo ond in an 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, ar fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY DARTHOORFE, W. VA. U. S. Government requires that the death certificate ational Guaro 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removol JAMES C. ARRINGTON ALDA CHANNELL 17. INFORMAN 16. SOCIAL SECURITY NO. 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dotes of service MEMORIAL HOSPITAL, CUMBERLAND, MD. 0 21/1-07-2519 Yes crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). postener wall un oco-deal infantion burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Occup IMMEDIATE CAUSE (o) DUE TO signed ! arteres alesoter and hypeofensing heart desses buriol, Conditions, if any, which gove rise to immediate couse (a), DUE TO stating the underlying couse prior to Page 4 may be retoined by the hospital or attending has been os the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION of Health NO r this certificate has detached for us 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Stote Dept. (County) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (State) 20c. TIME OF INJURY Month, Doy, Year foctory, street, affice bldg., etc.) Hour o.m. While Not While at work ot wark FUNERAL DIRECTOR: After 21. I certify that (I) (this hospital) attended the deceased from , that (I) (we) last O 2 and that death occurred by 5 A M, fram causes and an the date stoted obove. 66 19 saw the deceased alive an_ 22b. DATE SIGNED 66 22a, SIGNATURE STAFF PHYS. ATTENDING M.D. DIRECTOR director, page 3 should be filed v PHYS. 22d. ADDRESS 22c. PHYSICIAN'S S. G. WEISMAN GREENE STREET. CUMBERLAND, MD. NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial Sunset Memorial Park 6-5-66 Cumberland, Rt. 3 Allegany Md. 25d. PECED BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 104 Decatur St., Cumb., Md. Dale L. Merritt



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FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEAT	H ()7746
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within 2 pencil in miner's C permit.	WW I ELA O) 4999 PIND WITE R. BAIRD, RT.	
ALEXAMINER: This certificate should be executed within 24 hours at Examiners, writing the word "pending" in pencil in Item 18 should be forwarded to the Chief Medical Examiner's Office alcrifies. Files. FOR: Page 3 should be used as a burial-transit permit. File page designated agent, prior to burial, cremation, or removal, and in a	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: CODONADY OCCUTIVE TONE	INTERVAL BETWEEN ONSET AND DEATH
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DEPUTY please ex director. retained f FUNERAI of Health	NAME (Type) BENEDICT SKITARELIC, M.D. RT o Address Street city town or coun 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION	(City, town or county) (State)
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	24. FUNERAL DIRECTOR ADDRESS 25a, REC'D BY REGISTRAR	25b. REGISTRAR'S SIGNATURE
VR AISME (5)	BYRON KIGHT CUMBERLAND, M.D. DATUN 8 1966	Janes Judge
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07757 CERTIFICATE OF DEATH death The law requires that the death certificate be executed within 24 haurs after death. and campletely filled in by the funeral remave carban papers. Pages 1 and In any event, within 72 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare admission) PLACE OF DEATH b. COUNTY ALLEGANY a. COUNTY MORY AND ALLEGANY MARYLAND c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If autside carparate limits, c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) 5 DAYS CUMBERI AND d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? MEMORIAL HOSPITAL 200 WILMONT AUE. NO X 4. DATE please remave carban 3. NAME OF First Middle Last Manth DECEASED JUNE 66 ROBERT CHESTER BARKMAN DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 8. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE NEVER MARRIED birthday) Manths Days Haurs OCT. 2. 1908 WHITE WIDOWED DIVORCED 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during mast af warking life, even if retired) INDUSTRY attending physician permit. Then please CUMBERLAND. MD. and Projectionist heatre 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME remava CARRIE MINNICKS JUSTINE BARKMAN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 200 Wilmont Ave. permit. (Yes, no, ar unknown) ((If yes give war ar dates af service) 10 Mrs. Marion I. Bartenbert, CUMBERLAND, MD. 214-05-6631 NO. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit ANSEL AND DEATH PART I. DEATH WAS CAUSED BY: CAUSED BT: ONLY (a) Cerebro Vascular Accident Hemorrhage DUE TO Canditians, if any, which gave Hypertensive Encephalopathy 7 days rise ta immediate cause (a). DUF TO stating the underlying cause Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been Cerebral Arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? CERTIFICATION for use of Health NO K 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (Caunty) (State) Haur a.m. Nat While factory, street, affice bldg., etc.) at wark at wark 19 63, to June 12, 19 66, that (1) (we) last 21. I certify that (I) (this hespital) attended the deceased fram Feb. saw the deceased alive an June 12. 19 66, and that death accurred at 12:14, fram causes and an the date stated above. 22b. DATE SIGNED 22a. SIGNATURE STAFF M.D. DIRECTOR PHYS. directar, page 3 shauld be filed v 22d. ADDRESS 22c. PHYSICIAN'S **JACOBSON** SAMUEL PERSHING ST., CUMBERLAND, MD. NAME (Type) 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23a. BURIAL, CREMATION, REMOVAL (Specify) 6/15/66 SS. Peter & Paul Cemetery Cumberland. 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Wanne George Cumberland. Md.

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH and campletely filled in by the funeral remove carban papers. Pages 1 and 2 in any event, within 72 hours after déathe within 24 haurs after death 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY O. WEST VIRGINIA b. COUNTY ALLEGANY MARYLAND b. CITY OR TOWN (If autside corparate limits, c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside carparate limits, write RURAL and give negrest town) Write RIRAL and give Request town) DAYS PETERSBURG IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS MEMORIAL HOSPITAL YES NO DC 3 NAME OF Middle 4 DATE Day Year DECEASED DELLA M BERG DEATH (Type or print) reauires that the death certificate be executed IF UNDER 1 YEAR 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last 8 thdoy) Manths Days Haurs DEC.29.1887 WHITE WIDOWED X DIVORCED FFMALE 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF TII DEPT PLACE OF DEATH USUAL RESIDENCE (Where daceased lived, If institution, Residence before edinission . COUNTY Page b. COUNTY ALLEGANY PENNSYLVANIA files. SOMERSET MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nagrast town) BERLIN FROSTBURG DOA d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? refained R.D. YES NO X MINERS HOSPITAL Stat 3. NAME OF Middle 4. DATE Month Year DECEASED hours OF (Typa or prinf) PHILLIP DEATH BITTNER JUNE 24, 19 66 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS lest birthdey) Months Davs Hours MALE JULY 13. WIDOWED DIVORCED T .5 and 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Siele or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retirad) W.M. R.R. LABORER PENNSYLVANIA U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JAMES BITTNER EVA ACKERMAN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. ENFORMANT Address (Yes, no, or unkown) | (Ifyes give wer or dates of service) with MRS. MARY BITTNER. BERLIN. PA. 705-10-6140 18. CAUSE OF DEATH [Enter only one cause per ling for (a), (b), and (c). INTERVAL BETWEEN Office along burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) udd DUE TO Conditions, if ony, which gave rise to immediate cause DUE TO (e), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY CERTIFICATION PERFORMED? burial NO T 0 shoule 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED, (Enter neture of injury in Part I or Pert II of item 18.) 0 PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. writing to Chief A Page 3 s prior 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ! 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour e.m. al work et work DIRECTOR 21. I certify that I took charge of the remains described above, held an Autopsy XI. Inspection X Inquiry X and in my opinion CAL designated Natural causes Undetermined manner death resulted from: Accident Suicide Homicide CHIEF MEDICAL EXAMINER please execute t 4 should be for TO FUNERAL I Health or its de ACTUAL ASSISTANT MEDICAL EXAMINER SEGNATURE DEPUTY PARELIC MAddress (Street, city, town, or county) NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 228, BURIAL, CREMATION, 22b, DATE THEREOF 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 1966 EMETERY BURIAL 057 ERSDAZE 23. FUNERAL DIRECTOR VR A15ME JOSEPH R. DURST, SR., FROSTBURG, MD 5M 1/63

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. 24 hours after deoth. and funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY a. STATE b. COUNTY ALLEGANY the ottending physician and completely filled in by the fun sit permit. Then please remove carbon papers. Pages 1 ALLEGANY MARYLAND b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) c LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) MT _ SAVAGE FROSTBURG WEEKS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS within 72 MINERS HOSPITAL FOUNDRY ROW YES NO X Middle 3. NAME OF First last 4. DATE Month Year DECEASED JUNE S. BLANDOW ANNA 19 66 (Type or print) DEATH requires that the death certificate be executed 8. DATE OF BIRTH AGE (In years IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last_birthday) Months Hours WHITE WIDOWED DIVORCED IINKNOWN FEMALE 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 10a. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? during most of working life, even if retired) HOUSEWIFE HOME GERMANY II.S. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remava SCHANNING FRED UNKNOWN 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT VELLE VERNON, PA. (Yes, na, ar unknown) (If yes give war ar dates of service NONE MR. ROBERT CROOKHAM, 27 MAIN ST. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) burial-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY Acute brain syndrome IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave Circulatory disturbance davs. rise to immediate cause (a) DUF TO stating the underlying cause or attending has been Cerebral arteriosclerosis last. WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? CERTIFICATION NO this certificote Por 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING (T) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Hame, form, 20d INJURY OCCURRED 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Hour am at wark at wark O FUNERAL DIRECTOR: After be retained by 21. I certify that (1) (this haspital) attended the deceased from Nav 26 19 66 Po June 24 19 66that (1) (we) lost saw the deceased alive on June 21. 19 66 and that death accurred at 170 M, fram causes and on the date stated above. 22b. DATE SIGNED 22a, SIGNATURE **ATTENDING** STAFF PHYS. M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Strong Grantsville. Md director, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23b. DATE THEREOF 23a. BURIAL, CREMATION, FROSTBURG MEM HOME 20 M 1/66 1966

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2 1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	07765 MEDICAL EXAMINER'S CERTIFICATE OF DEATH (17755
HEALTH DEPT	1. PLACE OF DEATH a. COUNTY ALLEGANY MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE MARYLAND b. COUNTY ALLEGANY
cessary, the funeral services of the function	b. CITY DR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
cessa tune may partme	NOOK SAVAGE CUMBERLAND XXX DE DAYS Mt. Savage
Dep afte	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Page State hours	Sacred Heart Hospital YES NO SO
my d M3. T2 h	OF DECEASED (Type or print) Ross E Boyer Death June 8 1966
ges 1, 2 form P 2 with within	5. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 14 EAR IF UNDER 24 HRS.
ages ages for for t wil	Male Wille Widowed Divorced 12-12-97 68 yrs.
ive Pair with with event	Oa. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) 10b. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
8. Gi long long any	Ret. R.R.Conductor Railroad Penna. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
m 18. e along pages in any	Herman Boyer Sarah Brant
24 ho 1 Iten Office and and	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unknown) ((If yes olive war or dates of service)
within pencil in miner's permit.	No 705 09 5718 Ruth B. Boyer 324 W. Patriot St. Somerset
EXAMINER: This certificate should be executed within 24 hours after death. If any delay the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page files. TOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State is designated agent, prior to burial, cremation, or removal, and in any event within 72 hours a page 3 should be used as a burial-transit permit.	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Sub-Arachnoid Hemorrhage INTERVAL BETWEEN ONSET AND DEATH ACCOUNTY ONSET AND DEATH
uid be executed "pending" in f Medical Exam a burial-transit cremation, or i	Conditions, if eny, which \ (b) Sclerotic Vascular Disease
be (pend Medi urial	gave rise to immediate (
ould and inef	ceuse (a), stating the DUE TO underlying cause last. (c)
ficate shoul the word o the Chiel used as a to burial,	
riting ded to	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO PRIMARY Or CONTRIBUTING CAUSE WAS CAUSE OF DEATH.
ER: This certificate, writing to forwarded to 3 should be a gent, prior	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) County Coun
MIN Id be Page natec	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry X, and In my opinion
EXA shoul files. TOR: esign	death resulted from: Natural causes 💢, Accident 🔲, Suicide 🔲, Homicide 🔲, Undetermined manner
REC A	ACTUAL CHIEF MEDICAL EXAMINER (22. DATE SIGNED
execute Page 4 I for you AL DIRE	DEPUTY MEDICAL EXAMINER X Jung 8, 1966
DEPUTY MED lease execut irector. Page stained for y FUNERAL DII f Health or if	EXAMINER'S Benedict Skitarelic, M.D. Address (Street, city, town, or count Cumberland, Md.
O DEPUT please e director. retained O FUNER of Healti	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME DF CEMETERY OR CREMATORY 23d. LDCATION (City, town or county) (State)
22-	Burial 6-11:66 Beachdale Somerset Co. Pa. 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRARI 25b. DEAISTRABUS SIGNATURE ADDRESS 25a. REC'D BY REGISTRARI 25b. DEAISTRABUS SIGNATURE
VR AISME (5) 5M 1/65	Walter a. Schonson Berlin Pe. Date UN 13 1966 floorles Judge
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 shauld be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in anywayent, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after deoth.

Page 4 moy be retained by the hospitol or attending physician.

VR A15 (4) 20 M 1/66

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	PLACE OF DEATH o. COUNTY	legany		MARYLA	AND	o. STATE Md.		eosed lived, if institu b. COU		ce before	
	b. CITY OR TOWN (If outside corporate limit depresent town)	ts,	c. LENGTH OF STAY IN	16	c CITY OR TOWN (If o		orote limits, write RU	IRAL ond give	e neorest	town)
	d. NAME OF HOSPIT	AL OR INSTITUTION (If n Spruce	ot in hospitol,	give street oddress)		d. STREET ADDRESS 420 Spru	ce				ON A FARM?
3.	NAME OF DECEASED (Type or print)	Geor	irst rge	Middle	E	lost brode	4. DAT OF DEA	June	th	Doy 17	Year 19 66
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10c	. USUAL OCCUPATION TO THE CONTROL OF WORKING	(Give kind of work done life, even if retired)	10b. K	CIND OF BUSINESS OR NDUSTRY		11. BIRTHPLACE (Count				TIZEN OF	
13.	FATHER'S NAME		14.71	1.17		14. MOTHER'S MAIDEN					
10	Concrad		1 1/	COCIAL CECUDITY NO	1 17 10	Sophia FORMANT	Masc				
(Y	s, no, or unknown)	(If yes give wor or dotes	of service)	social security no. 20-07-6987		Mildred Br	ode V	Addr			
	10 CAUSE OF D	PAYIL (F-A				Milaroa Di	04021	escernbor	O, Ma		DIVAL DETRACTAL
		, which gave)	(b)		n 6	Lead of	Pa	ndread		INTE	RVAL BETWEEN ET AND DEATH
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 24 hours after death.

executed

PHYSICIAN:

13. FATHER'S NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unkown) (If yes give war or dates of service)

MARYLAND STATE DEPARTMENT OF HEALTH

ATISTICAL RES	EARCH AND RECORD	S, 301 W.	PRESTON	STREET,	BALTIMORE	1, MARYLAND
	CERTIFICAT	E OF	DEATH			07759

i	6000		CENTITIOAT	-	OL DE	AIII		64493	
1.	PLACE OF DEATH a. COUNTY	Allegany	MARYLAND	2.	USUAL RES	Maryland		Allegan	
	b. CITY OR TOWN	(if outside corporate limits,	c. LENGTH OF STAY IN 1b	C.	CITY OR TO	WN (If outside corporat	te Ilmits, write	RURAL and give near	est town)

Cumberland 9/11/1964 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)

Allegany County Infirmary

d. STREET ADDRESS

Month

Ellerslie

NAME OF First Middle Last DATE DECEASED William Henry Clites (Type or print) DEATH June 6. COLOR OR RACE | 7. MARRIED 5. SEX OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. NEVER MARRIED

Male White WIDOWED X DIVORCED 10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired)

Retired: Fireman for Works

INDUSTR'Pottery

Fords Mill, Pa. 14. MOTHER'S MAIDEN NAME

12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country)

Daniel Carl Clites Sarah Catherine Porter

> 17. INFORMANT P.O. Box 599, Addres Cumberland, Md 16. SOCIAL SECURITY NO. Allegany County Infirmary records.

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. YES

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part 1) of Item 18.)

CERTIFICATION MEDICAL TIME OF INJURY Month, Day, Year Hour a.m.

PHYSICIAN'S

NAME (Type)

FUNERAL DIRECTOR

20d. INJURY OCCURRED Not While at work at work

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

20f. (City or town) (County)

19.

22b. DATE SIGNED

WAS AUTOPSY

PERFORMED?

that (I) (we) last

NO

(State)

e. IS RESIDENCE ON A FARM?

Year

19 66

Day

NOX

21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 6 22a. SIGNATURE

B.

10:30 ATTENDING X M.D. 22d.

STAFF PHYS. DIRECTOR X ADDRESS

Greene St. Cumberland, Md. BURIAL, CREMATION, 23a. 23b. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 5.1966 Porter Cemetery Burza

Mathews

LOCATION (City, town or county) Hvndman.Pa. RD#1

25b. REGISTRAR'S SIGNATURE ADDRESS REC'D BY REGISTRAR I 1956 Hyndman, Pa.

VR A15 (4) 20M 1/65 1.0 64.

13/1/1964

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07770 CERTIFICATE OF DEATH ond completely filled in by the funeral remove corbon popers. Pages Land 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY ALLEGANY LEGANY MARYLAND The law requires that the death certificate be executed within 24 hours ofter b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ve corbon popers. Pogevent, within 72 hours DAYS LA VALE e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) MEMORIAL HOSPITAL OAKLAWN AVE. NO X 4. DATE NAME OF First Middle Month Year Dov DECEASED JUNE 1966 COLEMAN JOHN DEATH D. 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH NEVER MARRIED lost birthdoy) Doys Hours 5-16-1907 WHITE MAI E WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) ANESE CUMBERLAND. MD. MECHANIC 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOHN H. COLEMAN BETTY WALKER 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) 0 214 07 2135 MEMORIAL HOSPITAL, CUMBERLAND, MD. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse Poge 4 moy be retoined by the hospitol or ottending as the prior to O FUNERAL DIRECTOR: After this certificate hos been last. WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? CERTIFICATION for use NO 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 50 detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Hour o.m. Not While ot work 1966 to 21. I certify that (1) (this haspital) attended the deceased fram. and that death occurred at 4:20M Mpm causes and an the date stated above. 1966 saw the deceased alive an 220. SIGNATURE 22b. DAJE SIGNED **ATTENDING** DIRECTOR M.D. director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 59 GREENE ST. CUMBERLAND S.G. WEISMAN. MD 230. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) HILLCREST BURIAL PARK CUMBERLAND, MD. JUNE 8.1966 ADDRESS 25g., REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR BYRON KIGHT Charlen CUMBERLAND. MD. 1966 VR A15 (4)-20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY b. COUNTY MARYLAND ALLEGANY ALLEGANY MARYLAND Department CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FROSTBURG. RT. 1. FROSTBURG DOA after d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE QN A FARM? State hours MINERS HOSPITAL NO 3. NAME OF First Middle Last 4. DATE Month Dev Year DECEASED 19 66 DAVIS JUNE 23, JOHN DEATH (Type or print) 6. COLOR OR RACE | 7. MARRIED AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Hours | Min. 8. DATE OF BIRTH death. If e Pages 1, fith form NEVER MARRIED FEB. 14, 1908 MALE MARKET NE WIDOWED DIVORCED Give Page 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? SELF-EMPLOYED FARMER U.S.A OWN FARM MARYLAND any pages in any 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME EXAMINER: This certificate should be executed within 24 hou certificate, writing the word "pending" in pencil in Item should be forwarded to the Chief Medical Examiner's Office FLORENCE BUCKALEW JOHN DAVIS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SOCIAL SECURITY NO. 17. INFORMANT BOX 85. (Yes, no, or unkown) (If yes give war or dates of service) permit. removal, 220-34-1545 MRS. EDNA DAVIS. RT. 1. FROSTBURG, MD. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: a burial-transit cremation, or IMMEDIATE CAUSE (a) 420 DUE TO Conditions, if any, which gave rise to immediate DUE TO couse (a), stating the O underlying cause last. used as to burial, 19. WAS AUTOPSY PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION PERFORMEO? NO YES 3 should be agent, prior DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) 20f. (City or town) (State) 20c. TIME OF INJURY Month, Day, Year (County) factory, street, office bldg., etc.) Hour e.m. While Not While at work at work Inquiry X and In my opinion 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X. FUNERAL DIRECTOR: Health or its design Natural causes . Accident Suicide Homicide Undetermined manner death resulted from: CHIEF MEDICAL EXAMINER for your 22. DATE SIGNED Page ASSISTANT MEDICAL EXAMINER SIGNATURE une 23,1966 DEPUTY MEDICAL EXAMINER **EXAMINER'S** director. retained Address (Street, city, town, or county)RD9, CUMBERLAND, MD. BENEDICT SKITARELIC. M. D. NAME (Type) 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. OATE THEREOF REMOVAL (Specify) ECKHART CEMETERY 0 ECKHART. MD. BURTAT. JUNE 25. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS 25a. 24. FUNERAL DIRECTOR limes VR ALSME (5) JOSEPH R. DURST, SR., FROSTBURG, MD. DATE

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07774 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission o. COUNTY o. STATE b. COUNTY Allegany 2, and 3 ta PM3. Page Maryland deprie Allegany MARYLAND Department* b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) after 11 months Oldtown e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 'd "pending" in pencil in Item 18. Give Pages 1, Chief Medical Examiner's Office alang with farm haurs D.O.A. Memorial Hospital in Item 18. Give Pages YES NO T 24 haurs after death. Middle First Lost 4. DATE Month Doy Year within 72 DECEASED June 66 21 Davis Dale 19 Roger (Type or print) DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED Months Hours Doys July 1, 1965 WIDOWED DIVORCED MOSers event Male White 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even il retired) INDUSTRY COUNTRY? Cumberland . Md . any none none pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within Jefferson Davis Margaret Gross 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service Jefferson Davis, Oldtown, Md.-Father remova INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) burial-transit 2 ONSEL AND DEATH PART I. DEATH WAS CAUSED BY: Lobar Pneumonia, Left 0 IMMEDIATE CAUSE (o) This certificate should writing the ward crematian, DUF TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse farwarded OS burial, 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PEREORMED? CERTIFICATION Congenital Heart Disease the certificate, 0 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) agent, priar PRIMARY or CONTRIBUTING plnods CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor factory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: Page ot wark at work designated 21. I certify that I taok charge of the remains described above, held an Autapsy Inspection X Inquiry X, and in my apinian for Natural causes X. Accident Suicide . Hamicide Undetermined manner the funeral director. death resulted from: be retained CHIEF MEDICAL EXAMINER June 21,1968. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE A TO DEPUTY DEPUTY MEDICAL EXAMINER 5 Rt.9, Cumberland Dr. Benedict Skitarelic. M.D. may Health Address (Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) 0 REMOVAL (Specify) Oliver Grove Cemetery June 22,1966 Oldtown, Md. Allegany ADDRESS 25b. REGISTRAR'S SIGNATUR 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR James F. Scarpelli, Cumberland, Md. VR A15ME (5) 1966

5-188003

MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07775 CERTIFICATE OF DEATH death. requires that the death certificate be executed within 24 haurs after death ond 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission PLACE OF DEATH o. COUNTY o. STATE b. COUNTY MARYLAND MARYTAND ALLEGANY ALLEGANY b. CITY OR TOWN (If outside carparate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest tawn) MT SAVAGE CUMBERIAND e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS YES 7 NO K COLUMBIA AVE SACRED HEART HOSPITAL 3. NAME OF First Middle Lost 4. DATE Month Doy Year DECEASED DEATH (Type or print) DEAN ANN ATMA 9. AGE (In years last birthday) IF UNDER I YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Manths Days Hours WIDOWED DIVORCED HALL WAS TRUE BY WHITE PEMALE 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
HOUSEWIFE **INDUSTRY** COUNTRY ?S A ALLEGANY CO., MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MARGARET ELLEN FLOOD JOHN LYNCH MISS ROSELLA LYNCH, COLUMBIA AVE, MT SAVAGE IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dates af service 214-07-3214 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by DUF TO Conditions, if ony, which gave rise to immediate cause (a). DUE TO stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? accelent NO PHYSICIAN: 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) Not While factory, street, affice bldg., etc.) at wark at work 21. I certify that (I) (this hospital) attended the deceased from, 19 6 and that death occurred at 530 M, from couses ond an the date stated above. director, page 3 shauld shauld be filed with the saw the deceased olive an. 22b. DATE SIGNED, 220. SIGNATURE ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 453 N CENTER ST CUMBERLAND 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (Stote) REMOVAL (Specify) Burial Md. Alleg St Patrick's Catholic Cem Mt. Sawage, 25g. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 230 Balto AVERESS Cumberland, Md.

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. the attending physician and campletely filled in by the funeral sit permit. Then please remave carban papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY b. COUNTY ALLEGANY CO. MARYLAND CLENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corparote limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fawn) CUMBERLAND vears papers. e. IS RESIDENCE ON A FARM? d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) event, within 72 MEMORIAL HOSPITAL (474) \$ 414 SPRINGDALE ST. YES NO TO 3. NAME OF Middle 4. DATE Last Year DECEASED DELLUMO SISTO JUNE 1966 DEATH IF LINDER 24 HRS B. DATE OF BIRTH 9. AGE (In years IF LINDER 1 YEAR S. SEX 6. COLOR OR RACE 7. MARRIED V NEVER MARRIED birthday) Days Hours MALE WHITE JULY 5. 1883 WIDOWED 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? RAILROAD ITALY -Rome RETIRED 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remava UNKNOWN Maria Joseppa Pasquale Dellumo UNKNOWN Address 15. WAS DECEASED EVER IN ILS ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, grunknawn) (If yes give wor or dates of service MEMORIAL HOSPITAL. CUMBERLAND, MD. crematian, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO signed l Canditians, if ony, which gove rise to immediate couse (a) DUE TO stating the underlying couse be retained by the haspital ar attending has been lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO O FUNERAL DIRECTOR: After this certificate for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Haur a.m factory, street, affice blda., etc.) at work 21. I certify that (1) (this haspital) attended the deceased from Oune 19, 19 66, to Juke shauld saw the deceased alive on Tone (7 19)6, and that death accurred at 9:15 RM ram causes and an the date stated above 22b. DATE SIGNED 22g. SIGNATURE ATTENDING PHYS. M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 414 N.MECHANIC ST., CUMBERLAND DOERNER JR. 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23o. BURIAL CREMATION. BILL REMOVAL (Specify) St. Mary' Cemetery June 17.196 Cumberland, Md. Allegany ADDRESS 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Ocharles James F. Scarpelli, Cumberland, Md. 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07777 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH P.M.3. Page 2, ond 3 to poges 1 and 2 with the State Department of Health or its designated agent, prior to buriol, cremation, or removal, and in ony event within 72 hours after death. Ther's Office along with form pencil in Item 18. Give Pages 1, This certificate should be executed within 24 hours after death. necessory, please execute the certificate, writing the word "pending" in the funeral director. Page 4 should be forwarded to the Chief Medical TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit.

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(Type or print)	Harry			Deter, Jr.	DEATH JU	ne	29, 1966
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13. FATHER'S NAME] FOI	Met. OO'OUTITIE	14. MOTHER'S MAIDEN	land, Md.		USA
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	VER IN U.S. ARMED FORCES		SOCIAL SECURITY NO. 17	INFORMANT	yn campbel.	Address	
(Yes, no, or unknown	(If yes give wor or dote	(asignas to s		irs. Betty I	Deter, Cumb		MdWife
PART I. DI 420 Conditions, if o	ny, which gove ote couse (o),		CORON	ARY OCCLUSION		MBOS IS	SUDDEN ****
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20x. TIME OF II	NJURY Month, Doy, Yeor o.m. p.m. 19	While	e Not While f	LACE OF INJURY (Home, for octory, street, office bldg., etc		own) (Co	ounty) (Stote)
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230. BURIAL, CREMA BUREMOVAL (Spec	TION, 23b. DATE I ify) July 2	HEREOF 2,1966	23c. NAME OF CEMETERY C Greenmount	R CREMATORY	23d. LOCATION (Cit Cumber	y or Town)	(County) (Stote)
24. FUNERAL DIREC	TOR		ADDRESS		D BY REGISTRAR	Sb. REGISTRAR'S	
Jame s	F. Scarpe	elli.	Cumberland, N	Id . DATE !!	11 5 1966	gelian	les Judge

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TO DEPUTY MEDICAL EXAMINER:

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 07778 death. 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH . COUNTY ALLEGANY The law requires that the death certificate be executed within 24 haurs after in 72 haurs after MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside corparate limits, MLIE AMBER HAS TANADIAMU) 14 DAYS Rt. FLINTSTONE d. STREET ADDRESS filled in d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) ON A FARM MEMORIAL HOSPITAL Murley!'s Branch YES NO 3. NAME OF Middle 4. DATE Lost Day Year First DECEASED IRAD HENRY DOLLY JUNE 19 66 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. DATE OF BIRTH 9. AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED attending physician and cam permit. Then please remave Months Dovs Haurs WHITE APRIL 1909 MALE or remayal, and in any WIDOWED DIVOR CED 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Caunty & State, ar foreign cauntry) during most at working life ever if retired) CONTRA? WEST VIRGIN Tire Co. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Belinda NELSON Lucian 33 DOLLY 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. permit. (Yes, no, ar unknown) (If yes give war or dates of service) MEMORIAL HOSPITAL 212-12-8510 NO ign, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only ane cause per ima far (a), (b), and (c). cremat burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) signed by Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by DUE TO Conditions, if any, which gove rise ta immediate cause (a), DUE TO stoting the underlying couse far use as the lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20f. (City ar tawn) (County) (State) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) Nat While at work at work 166, 19___, that (I) (we) last 21. I certify that (I) (this hospital) aftended the deceased fram. M, fram causes and an the date stated above. saw the deceased alive an 6 and that death accurred at 220. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. PHYS DIRECTOR PHYS. director, page 3 shauld be filed v 22d. ADDRESS OVERTON VIRGINIA AVE. CUMB. MD. DR. HIMMELWRIGHT G. NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23a. BURIAL CREMATION. REMOVAL (Specify) Cumberland. Allegany Md. 6/8/66 Davis Menorial Park 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 H. Wayne George Cumberland, Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the deoth certificate be executed within 24 hours after deoth puo 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission 1. PLACE OF DEATH o. COUNTY o. STATE b. COUNTY ALLEGANY MARYLAND MARYLAND ALLEGANM b. CITY OR TOWN (If autside carparate limits, c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) and give nearest town) 2 DAYS CUMBERLAND bon popers. within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? SACRED HEART HOSPITAL PATTERSON YES NO X 3. NAME OF Middle 4. DATE First Lost Manth Day Year DECEASED OF ROSELLA NMI PARRETT. 19 DEATH (Type ar print) AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 8 DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthday) Months Dovs Hours WHITE 77/78/7/ WIDOWED T DIVORCED FEMALE 10o. USUAL OCCUPATION (Give kind af work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) NDUSTRY Mount Savage. Md. Housewike. Own home 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Angus McAteo Catherine Farrell the attending passit permit. The 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT James E. Kettys 539 Patterson Mrs. (Yes, no. or unknown) ((If yes give wor or dates of service) PATIENT'S CHART Cumb. No. None INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate couse (a). DUF TO stating the underlying couse has been the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS PERFORMED? TNO Oucuma certificote PHYSICIAN: for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20o. ACCIDENT WAS LINDERLYING [7] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Caunty) (State) O FUNERAL DIRECTOR: After this Nat While foctory, street, office bldg., etc.) at work at wark 21. I certify that (1) (this haspital) attended the deceased fram 6-25-, 1966, to 1966, that (1) (we) lost saw the deceased olive on 2 -2 6- 1966, and that death accurred at M, fram causes and an the date stated above. 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. DIRECTOR M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S DR. L. BRINGS NAME (Type) Greene St. Cumberland. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) 23b. DATE THEREOF (County) (State) 23a. BURIAL, CREMATION, REMOVAL (Specify) St. Patrick's Cemetery 6/29/66 Mt. Savage. Md. 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR ADDRESS Munices DATE Cumberland, Md. H. Wayne George

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CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before edmission) a. COUNTY b. COUNTY MARYLAND ALLEGANY MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town FROSTBURG FROSTBURG d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 268 YES NOT HOSPITAL EAST MAIN 3. NAME OF 4. DATE Middla Month Year DECEASED OF (Type or print) DEATH FT.ANAGAN 1966 THOMAS JUNE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. 5. SEX 9. AGE (In years | IF UNDER 1 YEAR pue last birthday) Months MIn. Days Hours WIDOWED DIVORCED MALE physician 10a. USUAL OCCUPATION (Give kind of work гетоме 12. CITIZEN OF WHAT COUNTRYS BIRTHPLACE (County & State, or foreign country) done during most of working life, even if ratired FROSTBURG. RETIRED MECHANIC 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME FRANCIS FLANAGAN CATHERINE CARNEY 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT FRUSTBURG. (Yas, no, or unkown) | (If yes give war or dates of servica) FLANAGAN. 268 EAST 18. CAUSE OF DEATH [Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) geva rise to immadiate causa DUE TO (a), stating the undarlying cousa last WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO NO CERTIFIC 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of item 18.) OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Homa, ferm, 20f. (City or town) (County) (Stata) factory, straat, offica bldg., atc. While Not While Hour a.m. at work at work 19.64, that (I) (we) last ... 194. ..., and that death occurred at 10 AM, from the causes and on the date stated above. saw the deceased alive on 22b. DATE 22a. SIGNATURE SIGNED DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Typa director, I (Stata) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION. 0 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S HAFER VR A15 (4) 1SM 7-62

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND

YMADELIGA MEYLAND TREFTS HIAM TRAE BASS MINERS' HOSPITAL AA JANAGAN JUNE JUNE 14. VALUE WHITE WERE 10, 1901 65 AUTIRED MECHANIC CARBURGISH PROSTBURG, MARKLAND U.S.A. CAPTARALINE CARRIER FRANCIS FLANAGAN PROSTHURG THE PLANAGAM, 268 SAST WILL A STATE OF THE PARTY OF THE PAR JANE S. DAUGE, MARY COMMENTS, MARY CARD AND STREET, MARY CARD STRIAL STOR IE, 1966 ST. MORABLES CHILL PROSTEURG, PLANYEAUD CALLICUTION OF BUILDING TO THE SELECTION OF BUILDING AND AND AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS A

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE. MARYLAND 21201 07781 CERTIFICATE OF DEATH de de la company The law requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) the ottending physician and completely filled in by the funerol sit permit. Then please remove carbon papers. Pages Jand PLACE OF DEATH o. COUNTY b. COUNTY ALLEGANY MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FROSTBURG DAYS e. IS RESIDENCE d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) ON A FARM RT. 2. MEMORIAL HOSPITAL BOX 139 YES NO 3 NAME OF Middle 4 DATE First Year DECEASED ALICE FILER JUNE 1966 DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH 9. AGE (In years S. SFX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthdoy) Months Dovs Hours WHITE 10-15-1908 FFMALF DIVORCED WIDOWED 1Do. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life even if retired) INDUSTRY ECKHART. MD. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WALTER KXX PORTER MARY BRUNER 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates of service MEMORIAL HOSPITAL, CUMBERLAND, MD, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).) INTERVAL BETWEEN ONSET AND DEATH burial-tronsit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or ottending FUNERAL DIRECTOR: After this certificate has been as the prior to 19. WAS AUTOPSY PERFORMED? PART LI. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) for use NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 2Do. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) (Stote) 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (County) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While 19 ot work 21. I certify that (1) (this haspital) oftended the deceased fram_ 6/10/66 19 ____, ond that death accurred at M, from causes and on the date stated above saw the deceased alive on_ 220. SIGNATURI STAFF PHYS. M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN' NAME (Type O. API MMELWRIGHT VIRGINIA AVE director, g 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (Stote) 23o. BURIAL, CREMATION BEHOVAL (Specify) 6-13-66 FROSTBURG, MD. FBG. MEMORIAL PARK 9 2Sb. REGISTRAR'S SIGNATURE 25o. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Melanles JOSEPH R. DURST, SR., FROSTBURG, MD.

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission a. COUNTY b. COUNTY 五七五 MARYLAND Maryland Allegany and b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL and give nearest town mpierely filled in b papers. Pages 1 a in 72 hours after d Rural Paw Paw. W. Va. Years
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Rural Paw Paw W. Va. within d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO completely Routel Route 3. NAME OF Middle 4. DATE Last Month Day Year DECEASED OF carbon pa (Type or print) DEATH Ellen Gillam 1966 Mary June 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR B. DATE OF BIRTH IF UNDER 24 HRS. and last birthday) Months] Deys WIDOWEDY Feb. 20. Female 1882 certificate 940 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retirad) Housewife Allegany Co. II S Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas Donnelly 卫拉的越越的基础的过程是重要的 4 Rose Ann Darkev Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT removal (Yes, no, or unkown) | (If yes give war or dates of service) been signed by the Joseph E. Gillam, Route 1, Paw Paw, permit. aftending physician. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ö PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cremation, certificate has been signer use as the burial-transit **DUE TO** Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying the buil the hospital or PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 5 0 PERFORMED? YES NO 1 prior 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OF CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) tached may be retained by DIRECTOR: After 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (Stete) factory, street, office bldg., atc.) Hour a.m. Not Whila ō at work et work and that death occurred at Com, from the causes and on the date stated above saw the deceased alive on...... shoul 22b. DATE 22e. SIGNATURE ATTENDING MED STAFF SIGNED TO HOSPITAL
death. Page 4
TO FUNERAL I
director, page 3
be filed. DIRECTOR PHYS. PHYS. AR.DO 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (Stete) REMOVAL (Specify) Oldtown, Maryland Oldtown Cemetery 1966 Burial June 24. FUNERAL DIRECTORSS SIGNATUR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Balto Ave. Cumberland, In

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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PLACE OF DEATH O. COUNTY	Allegan	y	MARYLAND	2. USUAL RESIDENCE (o. STATE Mar	Where deceosed lived	b COUNTY	dence before odi	
b. CITY OR TOWN write RURAL of Cumber	(If outside corporate limit and give nearest town) rland	is,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o		, write RURAL ond	give neorest tov	
d. NAME OF HOSP	PITAL OR INSTITUTION (If n al Hospital			d. STREET ADDRESS	Offutt :	Street	e. IS QN YES	RESIDENCE A FARM2 NO
3. NAME OF DECEASED (Type or print)	F Edi	irst .th	Middle Alvina	Losi Gordon	4. DATE OF DEATH	Month June	6 Doy	Year 19 66
S. SEX Female	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	B. DATE OF BIRTH March 29,	1892 74 b	n years IF UND irthdoy) Month yrs.		JNDER 24 HRS. Durs Min.
100. USUAL OCCUPATION during most of working House	ON (Give kind of work done ng life, even if retired) ewife	IN	ND OF BUSINESS OR DUSTRY DWN Home	11. BIRTHPLACE (Stote	or foreign country)		COUNTRY?	AT
13. FATHER'S NAME	Elias Clar	rk		14. MOTHER'S MAIDEN Sara	NAME ah C. Pri	ce		
	VER IN U.S. ARMED FORCES? (If yes give wor or dotes)			. William K	. Gordon	, Cumber	land,M	d•
979	DEATH (Enter only one co EATH WAS CAUSED BY: IMMEDIATE CAUSE DUE	(o)	SHOCK				INTERVA ONSET A	L BETWEEN IND DEATH OUTS
Conditions, if on rise to immedia stoting the und	ote couse (o), ((b) TO	OF 95%		GREE BUR	NS	6 н	ours
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	JURY Month, Doy, Yeor p.m. June 6 19		Not While C	ACE OF INJURY (Home, farr ctory, street, office bldg., etc. ○ M €		r town)	(County) Alleg.	(Stote) Md.
death resu	ulted fram: Natur		nains described abave, h	cide X Hamicide	Undeterr	, Inquiry <u>X</u> mined manner		my apinia
SIGNATURE EXAMINER'S NAME (Type)	0	ct Ski	tarelic, M.D.	DEPUTY MEDIC	OICAL EXAMINER AL EXAMINER X t, city, town, or count	Rt.9	Cumberl	
230. BURIAL, CREMAT REMOVAL (Speci BUTLAL			23c. NAME OF CEMETERY OF Davis Memor			(City or Town) berland	(County) , Md . Al	(Stote)

MEDICAL EXAMINER:

necessary,

VR A15ME (5) 6M 1/66

24 FUNERAL DIRECTOR

James F. Scarpelli, Cumberland, Md.

REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

Milarles 1966

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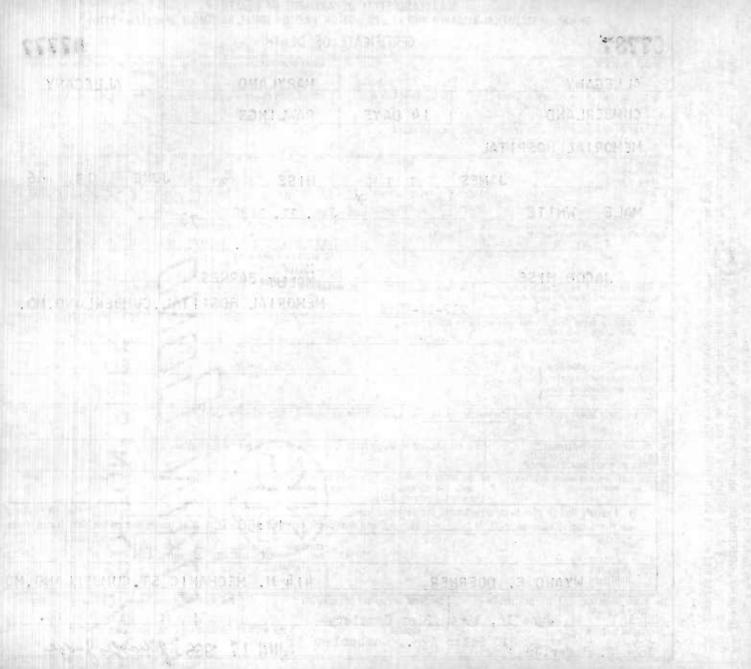
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND PLACE OF DEATH 2. USUAL RESIDENCE (Where decaasad lived, If institution, Residence before admission) a. COUNTY b. COUNTY Allegany llegany MARYLAND Maryland b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL end give nearest town) write RURAL and give nearest town) Cumberland Cumberland yrs. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 9 James Street YES NO 4. DATE Month DECEASED OF (Type or print) DEATH 19 66 June Green 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months WIDOWED Male 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, evan if retirad) Maintinance Cumb. Country Club Cumberland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Stella M. Lowerv 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no, or unkown) | (Ifyesgivewerordatasofservice) Mrs. Bessie Stotler Yes W.W II 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Occlusion Coronary Sudden IMMEDIATE CAUSE (a) Office DUE TO Sclerosis with Thrombosis Conditions, if any, which Coronary (b) geva risa to immadiate ceuse DUE TO (e), stating the undarlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 179, WAS AUTOPSY CERTIFICATION PERFORMED? YES NO 20a. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. (Entar nature of injury in Pert I or Part II of item 18.) PRIMARY TI or CONTRIBUTING TI CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20a. PLACE OF INJURY (Home, farm,) 20f. (City or town) (County) (State) factory, street, offica bldg., etc.) Whila Not While et work et work 21. I certify that I took charge of the remains described above, held an Autopsy xx. Inspection X Inquiry X and in my opinion DIRECT death resulted from: Suicide Natural causes YY Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL should be re ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATUR June 21, 1966 DEPUTY MEDICAL EXAMINER ŏ Benedict Skitarelic, M.D. NAME (Typa) Address (Street, city, town, or county) Cumberland, Maryland Health 228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Spacify) Q 4 0 Greenmount **Eurial** VR A15ME 5M 1/62

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 07785 requires that the death certificate be executed within 24 hours after death death filled in by the funeral popers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTILLEGANY b. COUNTY MARYLAND c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If autside carporate limits, c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) DAYS HYNDMAN d. STREET ADDRESS IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARMS NO. YES event, within MEMORIAL HOSPITAL 3. NAME OF Middle 4. DATE Last Year Day DECEASED WILLIAM E. HARDEN JUNE 656 DEATH 19 (Type or print) 9. AGE (In years IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED V NEVER MARRIED Manths Days birthday) Haurs WHITE MALE WIDOWED DIVORCED JAN.27.1907 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, ar foreign country) during most of working life, even if retired) Railroadynoman. PA. Brakeman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remova BERTHA FLUKE GEORGE HARDEN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, na, ar unknawn) (If yes give war ar dates of service MEMORIAL HOSPITAL. CUMBERLAND, MD 274-07 cremation, 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN buriol-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) signed by DUE TO Canditions, if any, which gave rise to immediate cause (a) DUE TO stating the underlying cause Poge 4 may be retained by the hospitol or ottending this certificate hos been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, (County) (State) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED (City or town) Hour a.m. factory, street, affice bldg., etc.) Nat While at wark at wark 19.6 13 ta 21. I certify that (1) (this hospital) attended the deceosed from Many M. from couses and on the date stated abave. and that death occurred at O FUNERAL DIRECTOR: saw the deceased olive and 22a. SIGNATURE MED. DIRECTOR STAFF PHYS. M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S BLANE M. SCHINDLER NAME (Type) GREENE ST., CUMBERLAND, MD. director, should be 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL, CREMATION, (County) 25,1966 Hyndman Cemetery Bedford Co.Pa. ndman. ADDRESS 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 vndman, Pa.

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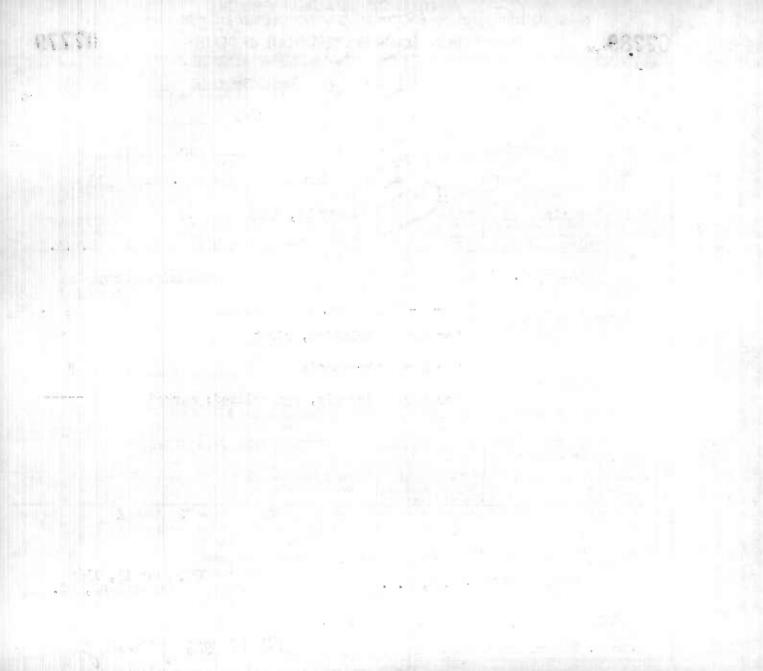


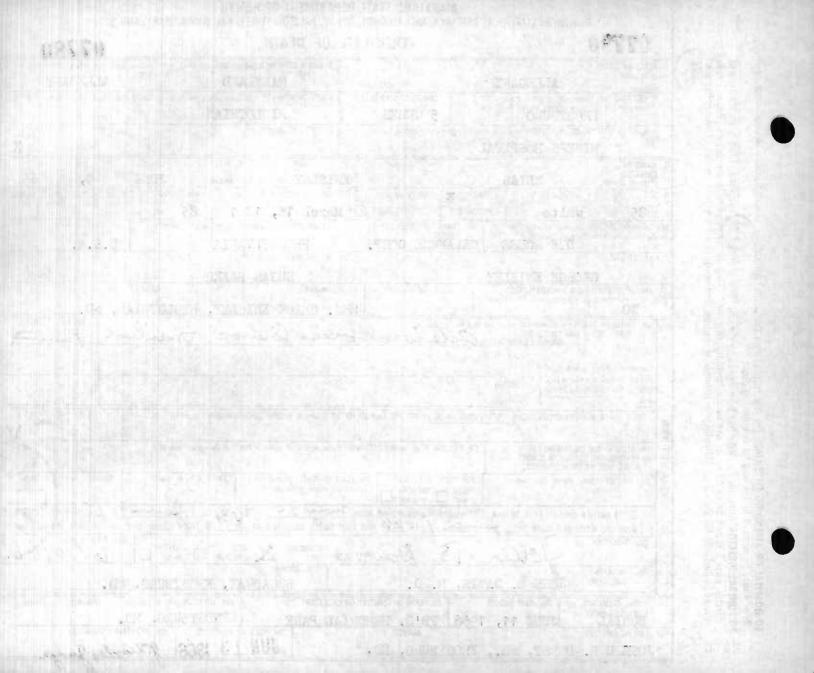
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07788 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death by the funeral . Pages 1 and 2 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) 1. PLACE OF DEATH a. COUNTY o. STATE b. COUNTY MARYLAND ALLEGANY MARYLAND ALLEGANY b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) CUMBERLAND 26 CUMBERLAND d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 64 Marion Street NO Z 64 Marion Street YES 3. NAME OF Middle 4. DATE First Last Month Day Year DECEASED (Type or print) JEWELL JANET DEATH JUNE IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthdoy) Months WHITE Mar 17,1940 in any FEMALE WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of wark done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT **INDUSTRY COUNTRY?** ALLEGANY CO. none none MARYLAND U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME signed by the attending physi burial-transit permit. Then pl burial, crematian, or removal, CLARENCE JEWELI CHARLENE "WILSON" JEWELL 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, na, or unknown) (If yes give war or dates of service) CLARENCE JEWELL 64 Marion St. Cumberland NONE 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH Cardiac arrest IMMEDIATE CAUSE (a) by the haspital or ottending physician. DUE TO Chronic bronchitis Canditians, if ony, which gove months rise to immediate cause (a), DUE TO stating the underlying couse TO FUNERAL DIRECTOR: After this certificate has been the (c) Cerebral palsy - mental retarded since PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) detached far use e Dept. af Health YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or tawn) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (State) 20c. TIME OF INJURY Month, Day, Year Not While foctory, street, office bldg., etc.) at work 21. I certify that (I) (this hospital) attended the deceased fram July 21, 19,56, to June 19, 19,66 that (I) (we) last saw the deceased alive on June 19, 19,66, and that death accurred at 8 p.M., fram causes and an the date stated above. 220. SIGNATURE 22b. DATE SIGNED STAFF PHYS. ATTENDING June 20, 1966 DIRECTOR M.D. r, page 3 be filed PHYS 22d. ADDRESS 22c. PHYSICIAN'S 133 Virginia Ave. Cumberland, Md. NAME (Type) HIMMELWRIGHT directar, shauld b 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (County) (State) REMOVAL (Specify) 22 June 66 Hillcrest Burial Park Cumberland 256 REGISTRAR'S SIGNATURE REC'D BY REGISTRAR 24. FUNERAL DIRECTOR H. LEE SILCOX 404 Decatur Street Cumberland 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07779 07789 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY a. STATE b. COUNTY 2, ond 3 to PM3. Page Allegany West Virginia Mineral MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)
Cumberland c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town) after Ridgeley DOA e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) along with form Item 18. Give Poges 1, State [Sacred Heart Hospital 152 Main Street YES NO TO certificate should be executed within 24 hours ofter death. 4. DATE NAME OF DECEASED Year First Lewis Martin Kinsman 66 June with the Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH AGE (In years S SFX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthday) Months Dovs Hours WIDOWED DIVORCED May 11, 1923 Male White Office 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Hercules Inc 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? INDUSTRY U.S.A .⊆ Pennsylvania the Chief Medicol Examiner's 13. FATHER'S NAME in pencil Harry J. Kinsman Katherine Carev File Addres 152 Main Street 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, no, ar unknown) (If yes give war ar dates af service or removol, 216-18-1689 Ridgeley, W. Yes Mrs. Jean Kinsman INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) buriol-tronsit STOSE AND DEATH PART I. DEATH WAS CAUSED BY: Coronary Occlusion, right IMMEDIATE CAUSE (a) please execute the certificate, writing the word cremotion, DUF TO Thrombosis 11 Conditions, if ony, which gave Coronary 4 should be forworded to rise to immediate cause (a), DUE TO stating the underlying cause 0 Coronary Sclerosis, generalized; marked buriol, o used (PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YESXIX 0 pe 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I ar Part II of item 18.) 3 should PRIMARY Or CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH. (City or town) (County) (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Doy, Year factory, street, affice bldg., etc.) Haur a.m. Nat While moy be retained for your FUNERAL DIRECTOR: Poge at wark at work Inspection X Inquiry K 21. I certify that I took charge of the remains described above, held an Autopsy ond in my opinion funerol director. Notural couses X . Accident ... Suicide . Homicide Undetermined monner deoth resulted from: CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE . TO DEPUTY DEPUTY MEDICAL EXAMINER TOTAL June 13, 1966 10 **EXAMINER'S** BENEDICT SKITARELIC, M.D. Address (Street, city, town, or county Cumberland. Md. 5 moy ro FUNE Heolth NAME (Type) 23b. DATE THEREOF (County) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23a. BURIAL, CREMATION REMOVAL (Specify) 6/16/66 Sunset Memorial Park Cumberland Alleg Maryland
EGISTRAR | 25b. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Milanles 1966 VR A15ME (5) Ruth E. Silcox Cumberland Maryland 21502





MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 hours after death and campletely filled in by the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) O. COUNTAL LEGANY o. STATE b. COUNTY MARYLAND within 72 haurs after c. CITY OR TOWN (If outside corporate limits, write RURAY and give nearest town) PENNSXIAVANIA b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)
CUMBERLAND Cumberland DAYK d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) IS RESIDENCE ON A FARM? d. STREET ADDRESS gonquin Hotel MEMORIAL HOSPITAL DONAHUE NURS ING/HOME NOXX YES 3. NAME OF Middle 4 DATE Month First Last Doy Year DECEASED VIRGINIA LAFEVRE 166 JUNE (Type or print) DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED gast birthdoy) FEMALE WHITE Months Hours WIDOWED DIVORCED 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10g. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
HOUSEWIFE OWN HOME LEOUNTRY A the attending physician MARYLAND 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME remava RUSSELL, ELNATHAN MARY EDWARD 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address 0 MEMORIAL HOSPITAL NO NONE cremation, 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH IMMEDIATE CAUSE (a) signed by attending physician. DUE TO Conditions, if any, which gave rise to immediate couse (a). DUE TO te has been s use as the balth prior tab stoting the underlying couse last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO. be retained by the hospital ar this certificate Jo 20g. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Haur a.m. foctory, street, office bldg., etc.) While Not While at work at work O FUNERAL DIRECTOR: After 2 21966, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram. 7 shauld 221966, and that death accurred at M. fram causes and an the date stated above. saw the deceased alive an_ 32b. DATE SIGNED 22a. SIGNATURE **ATTENDING** STAFF PHYS. DIRECTOR director, page 3 shauld be filed v M.D. 22d. ADDRESS 22c. PHYSICIANS Page 4 may 22 S. CENTRE ST. CUMB. MD. DR. WYLIE FAW NAME (Type) JR. 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify)
BURIAL CUMBERLAND, MD. JUNE 24.1966 ROSE HILL CEMETERY 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** VR A15 (4) Charles BYRON KIGHT CUMBERLAND, MD. 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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I. PLACE OF DEATH					2. USUAL RESIDENCE (V	Vhere deceased			e befare	admissio	n)
a. COUNTY	LLEGANY		MARYLAND		o. STATE MAR	YLAND	b. COU	ALL ALL	EGAN	Y	
b. CITY OR TOWN	(if outside corporate limit and give neorest town)	S,	c. LENGTH DF STAY IN 16		c. CITY OR TDWN (If ou	tside corporote	limits, write RU	RAL ond give	neorest	town)	
CIMBE	RLAND		2 DAYS		CUMBERLA	ND			0/-	1	
	PITAL DR INSTITUTION (If no	ot in haspital,			d. STREET ADDRESS				e.	. IS RESID	ENCE
SACRE	D HEART HOS	PITAL			438 WAL	NUT ST.			Y	ES 🗍	
3. NAME OF	Fi	rst	Middle		Lost	4. DATE	Man	th	Day	Ye	
(Type or print)	RALPH		AUGUST		LANGE	OF DEATH	JU:	NE	22	19	66
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	3	B. DATE OF BIRTH	9. A	GE (In years ast birthday)	IF UNDER	YEAR Days	IF UNDER	24 HRS.
MALE	WHITE	WIDOWED	DIVORCED [11-28-98		67 yrs.	Mullins	Duys	HUUIS	mui.
100. USUAL OCCUPATI	ON (Give kind of work done		IND OF BUSINESS OR		11. BIRTHPLACE (County	& Stote, or foreig	in country)	12. CIT	IZEN OF	WHAT	
Retired	ig life, even if retired) Employee of	Commun	DUSTRY Baking C	0.	CUMBERLA	ND, MD.		USA	UNTRY?		
13. FATHER'S NAME					14. MOTHER'S MAIDEN N	NAME	PHONE I				
ADOLFUS	LANGE			6	JANE SHOEM	AKER					500
15. WAS DECEASED E	VER IN U.S. ARMED FORCES?	16.			NFORMANT		Addr	ess			1
No	(If yes give war or dates o	2	14-05-8127	PAT	TENT'S CHAR	T					14
	DEATH (Enter only one cau			3-	2 //	PI				RVAL BET	
	ATH WAS CAUSED BY: IMMEDIATE CAUSE	(a)	Carcenous	90	1) Klup	-14		1100.0	UNS	ET AND E	Cfr
163	DUE	TO	0,	10	60,60	0			1	0.	/
conditions, if a	ny, which gove	(b)	Muludu	Utc.	e left our				C	aa	n
stating the un		TO	Clerque.	Pu	luqueous	dise	0 - 0		1	001	1
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PART II. OTHER		ONTRIBUTING	TO DEATH BUT NOT RELATED	10 1	THE TERMINAL DISEASE CON	IDITION GIVEN		(stew)	19.	WAS AUT	ED?
20g. ACCIDENT VI	0310	1 /	Phen				rephi	(3000)	YE	S	NO 🔼
20a. ACCIDENT V	/AS UNDERLYING □ NG □ CAUSE OF DEATH	20b. Di	ESCRIBE HOW INJURY OCCUR	RED.	(Enter náture af injury in	Part I or Part II	af item 18.)				
	FY MEDICAL EXAMINER)					T and 1	***	10			S
20c, TIME OF II	JURY Month, Doy, Year a.m.				CE OF INJURY (Hame, farmary, street, office bldg., etc.)		City or tawn)	(Coi	ınty)		State)
	p.m. 19		k Nat While at work						,	7000	
			ded the deceased from	m		9_58, to_			6, the		
	deceased alive on_	<u> </u>	90 1906, and	tha	t death occurred at	M,	trom causes		ATE SIGNE		ODOV
22a. SIGNATUR	11/1	West	ruan	/	ATTENDING	MED.	STAFF	7 20.6	121	166	
22c. PHYSICIAI	17			M.E	PHYS. 22d. ADDRESS	DIRECTOR L	J PHYS. L		/	100	
	pe) DR. S.G.	WEISMA	N		59 GREENE	ST., (CUMBERL	AND, N	D.		
23a. BURIAL, CREMA	TIDN. 23b. DATE TH	EREOF	23c. NAME OF CEMETERY	Y OR	CREMATORY	23d. LOCA	TION (City or To	own)	(County)	(5	tate)
REMOVAL (Spec			Sunset Mem				rland A		,		
24. FUNERAL DIREC	7		ADDRESS	OI.	2So. REC'I	BY REGISTRAR	2Sb. R	EGISTRAR'S S	IGNATUR	E	
Puth		Cumbon	Jand Manulan	4		N 2 4 1	966 /	Chary	en &	udg	-

Ruth E. Silcox Cumberland Maryland 21502

DATE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours after death.

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4)

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE ALTH DERI 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edinission) e. COUNTY b. COUNTY ALLEGANY MARYLAND b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) write RURAL and give neerest town) FROSTBURG HOFFMAN, R.F.D. FROSTBURG d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) ON A FARM? HOFFMAN R.F.D. YES NO 3. NAME OF Middle 4. DATE Month Dev Yee DECEASED OF (Type or print) DEATH AGE (In your IF UNDER 1 YEAR 19 66 F UNDER 24 HRS. S. SEX 7. MARRIED NEVER MARRIED last birth de Months Deys Hours WIDOWED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) LABORER HOFFMAN MA MARYLAND U.S.A. 13. FATHER'S NAME MICHAEL LAVIN ROSE FOLK 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) (Ifyesgivewerordatesofservice) MISS EDITH LAVIN, HOFFMAN, R.F.D. 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). removal PART I. DEATH WAS CAUSED BY: CORONARY OCCLUSION IMMEDIATE CAUSE (e) DUE TO SCLEROSIS geve rise to immadiate cause DUE TO (e), stating the underlying (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO X 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm,) Month, Dev. Yeer 20d. INJURY OCCURRED 20f. (City or town) (State) fectory, street, office bldg., etc.) Not While et work et work 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my opinion death resulted from: Natural causes XX Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER X June 23. 1966 ö EXAMINER'S ARELIC, M.D. Address (Street, city, town, or county) Cumber land. Md. NAME (Type) Health 220. BURIAL, CREMATION, 22b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) JUNE 25,1966 ST. MICHAEL'S CEM. FROSTBURG LOWERS HAFER FUNERAL HOME 60 W. MAIN ST., FROSTBURG

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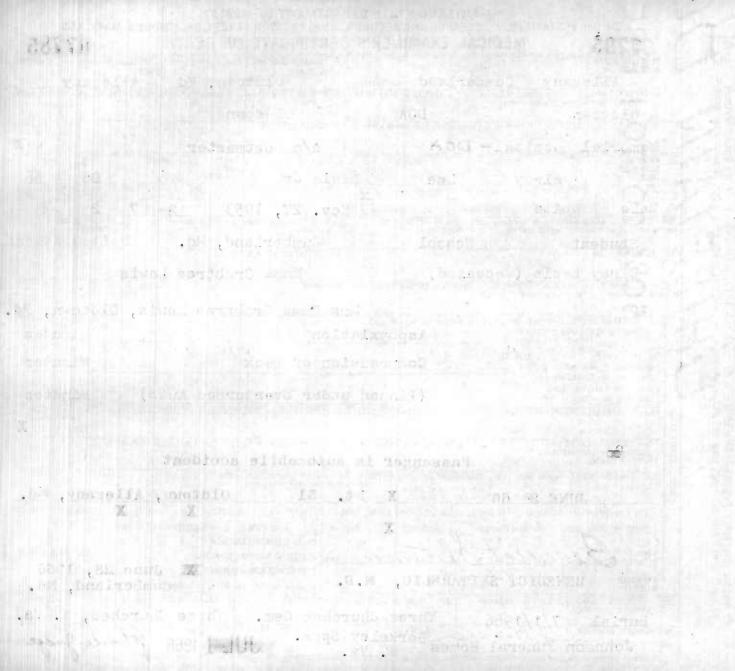
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Department after death. cessary, funeral after death. If any delay Give Pages 1, 2, and 3 to ong with form PM3. Page State | the 72 24 hours after in Item 18. Giv Office along v EXAMINER: This certificate should be executed within 24 hou not certificate, writing the word "pending" in pencil in item should be forwarded to the Chief Medical Examiner's Office files. permit. I burlal-transit cremation, 0 used as a to burial, should be CTOR: Page designated FUNERAL DIRECTOR: for your director. 0

VR ALSME (5) 1/65

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY b. COUNTY b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Cumberland Oldtown, Md Allegany c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND C. LENGTH OF STAY IN 1b Oldtown Oldtown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET AOORESS DN A FARM? Memorial Hospital - DOA Postmaster YES NO X 3. NAME OF DATE Middle Month Year DECEASED OF DEATH (Type or print) Lewis Jr 19 9. AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS | last birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE 8. OATE OF BIRTH 7. MARRIED NEVER MARRIEO Male OIVORCED | Nov. WIDOWED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INOUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? United States School Cumberland, Md. Student 13. FATHER'S NAME Elroy Lewis Emma Crabtree Lewis deceased) 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 7. INFORMACIONE Crabtree Lewis, Oldtown Mc INTERVAL BETWEEN ONSET AND DEATH Minutes (Yes, no. or unkown) | (If yes give war or dates of service) no 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxiation DUF TO Compression of Neck Minutes Conditions, if eny, which gove rise to immediate DUE TO cause (a), stating the (Pinned under overturned Auto) Minutes underlying cause last. 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) CERTIFICATION PERFORMEO? 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Passenger in automobile accident MEDICAL 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year | 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, | (State) (County) factory, street, office bldg., etc.) p.m. TINE 2819 66 at work at work Oldtown, Allegany, Rt. 51 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection X. Inquiry X. and in my opinion Undetermined manner death resulted from: Natural causes ... Accident X. Suicide Homlcide CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURI DEPUTY MEDICAL EXAMINER June 28. 1966 EXAMINER'S NAME (Type) BENEDICT SKITARELIC. M.D. Address (Street, city, town, or countfumberland, Md. 23d. LDCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. OATE THEREOF REMOVAL (Specify) Three Churches, W. Va. Three Churches Cem. Buriak 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Berkeley Marley Judge Johnson Funeral

W. Va.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07796 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) delay is ond 3 to M3. Page o. COUNTY b. COUNTY Maryland Allegany Allegany MARYLAND b. CITY OR TOWN (If autside carporate limits, write RURAL and give necrest town)

Ellerslie c. CITY OR TOWN (If autside corporate limits, write RURAL and give neorest tawn) c. LENGTH OF STAY IN 1b Ellerslie 50 Years e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS hours in Item 18. Give Pages 00 YES NO X with the Sto within 72 h 3. NAME OF Lost 4. DATE Month Day Year DECEASED (Type or print) Bertie Lu Ella Levdig 16 19 66 DEATH June IF UNDER 1 YEAR 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED birthdoy) Manths Doys White Feb.19, 1883 24 hours Female WIDOWED Y DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (Stote or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY USA Bedford County, Pa. Housewife pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate should be executed within John W. Stouffer Mary A. Wolford puo 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. permit. (Yes, no, or unknown) (If yes give wor or dates of service removol, Mrs. Grace Miller, Ellerslie, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).) Months PART I. DEATH WAS CAUSED BY: Uremia 10 IMMEDIATE CAUSE (o) the certificote, writing the word 4 should be forworded to the CP s o burial-tro DUE TO Conditions, if ony, which gove Arteriosclerotic cardiovascular rise to immediate couse (o), DUF TO renal disease stating the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO X YES ogent, prior to 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year foctory, street, affice bldg., etc.) 5 may be retoined for your O FUNERAL DIRECTOR: Page Health or its designated age Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection XX Inquiry TY and in my opinion Natural causes . Ascident Suicide . Homicide Undetermined manner death resulted fram: CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE_ O DEPUTY June 16, 1966 DEPUTY MEDICAL EXAMINER **EXAMINER'S** BENEDICT SKITARELIC. Address (Street, city, town, or county) Cumberland. Md. NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. REMOVAL (Specify)
Burial Lybarger Luthern
ADDRESS 250. Bufalo Mills, Pa.RD#1
GISTRAR 2Sb. REGISTRAR'S SIGNATURE June 19,1966 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15ME (5) Harvey H. Zeigler--Hyndman, Penna. Marley Judge 6M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE. MARYLAND 21201 CERTIFICATE OF DEATH death. deoth, funeral 1 ond I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. COUNTY O. STATE MARYLAND b. COUNTY ALLEGANY in by the ... Pages 1 ctor ALLEGANY papers. Pages 1 iin 72 hours ofter MARYLAND within 24 hours after b. CITY OR TOWN (If autside carparote limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 27 DAYS CUMBERLAND. d. SIREET ADDRESS Darrow Lane, Cumb. e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) filled i MEMORIAL HOSPITAL YES NO THE 50 any event, within NAME OF Middle 4 DATE First Lost Month Year DECEASED JAMES FRANKLIN LINCOLN JUNE 16 19 66 DEATH (Type or print) requires that the death certificate be executed 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 8. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthday) Dovs Hours 5-30-1888 MAL E WIDOWED DIVORCED 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) during most of working life, even if retired) PITTSBURG. PA. Ret. Chg. Hand Corp 14. MOTHER'S MAIDEN NAME cremation, or removol GEORGE B. LINCOLN ANNIE JONES 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT #5Darrow Lane (Yes, no, ar unknown) (If yes give war ar dotes of service CUMB. 214-07-1632 VO INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) burial-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) signed ! DUE TO Conditions, if any, which gave rise to immediate couse (a). DUE TO stating the underlying cause Poge 4 may be retained by the hospital or attending os the prior to hos been last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) for use NO this certificote 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER State Dept. 201. (City or town) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (Stote) (County) 20c. TIME OF INJURY Month, Doy, Year Haur a.m. factory, street, office bldg., etc.) at work O FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) aftended the deceased fram 2 director, page 3 should should be filed with the and that death accurred at 4 AM Morn causes and an the date stated above. saw the deceased alive an_ 22a. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR **ATTENDING** 22d. ADDRESS 22e PHYSICADYS NAME (Type) WILLIAMS 122 S. CENTRE. R. CUMB. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 6/20/66 Finlewille Cometeru Finlowillo ADDRESS 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) Cumberland. Md. 20 M 1/66 Wayne George

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07793 CERTIFICATE OF DEATH within 24 hours after death completely filled in by the funeral love carbon papers. Pages 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND ALLEGANY EGANY MARYLAND hours after c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If autside carporate limits, OL DTOWN DAYS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS MEMORIAL HOSPITAL YES NO X NAME OF Middle 4. DATE OF First Month Year Last Doy 3 DECEASED MAL COLM SILAS N. JUNE 10 1966 (Type or print) DEATH The low requires that the death certificate be executed IF UNDER 1 YEAR IF UNDER 24 HRS. SEX 8. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED remove ond in any ev birthday) Months Hours Doys 2-28-1877 WHITE MAL E DIVORCED WIDOWED 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10g. USUAL OCCUPATION (Give kind of work done U.S.A. during most of warking life, even if retired) INDUSTRY WEST VIRGINIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME buriol, cremotion, or removol. CHARLES MALCOLM RACHEL BURKETT 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? permit. (Yes, no, or unknown) (If yes give war ar dates of service) MEMORIAL HOSPITAL - CUMBERLAND. MD. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c).) buriol-tronsit ONSET AND DEATH PART I, DEATH WAS CAUSED BY: heremon IMMEDIATE CAUSE (a) signed by DUE TO Conditions, if ony, which gove rise ta immediate cause (a), DUE TO stating the underlying couse Poge 4 may be retained by the hospital or ottending O FUNERAL DIRECTOR: After this certificate has been State Dept. of Health prior to for use as the last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT, CONDITIONS CONFRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) CERTIFICATION selersis NO YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Dov. Year factory, street, office bldg., etc.) Haur o.m. Nat While 19 at work pe 19 6 6 that (1) (we) last 1964 21. 1 certify that (1) (this haspital), attended the deceased fram. director, page 3 should should be filed with the and that death accurred at 7 - 5 M, from popuses and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 22a. SIGNATURE MED. DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S 456 N. NAME (Type) CENTRE ST .. CUMBERLAND. MD 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23a. BURIAL, CREMATION, REMOVAL (Specify) Green Spring Hampshire Forest Glen 6-12-66 Rumial 25b. REGISTRAR'S SIGNATURE ADDRESS 2Sq. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Munico VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07802 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Page o death. ALLEGANY ALLEGANY MARYLAND MARYLAND b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 2, and PM3. and ofter FROSTBURG FROSTBURG D.O.A d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within 72 hours E. MAIN ST. Give Pages NO X MINERS HOSPITAL YES T hours after death. 3. NAME OF First Middle DATE Month Day Year DECEASED JUNE NELLIE BEAN MCKENZIE 15th. 19 66 (Type or print) DEATH S SFX 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Manths Doys Haurs WIDOWED XX DIVORCED JAN. 27th, 1914 FEMALE WHITE 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) **INDUSTRY** COUNTRY? any = USA e, writing the word "pending" in pencil in forwarded to the Chief Medical Exominer's SLEEVE CUTTER SHIRT FACTORY MARYLAND pages pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within = RACHEL WILSON JOHN BEAN and IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT permit. (Yes, no, or unknown) (If yes give war or dates of service) or remayol, 219-14-5638 18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) buriol-transit PART I. DEATH WAS CAUSED BY: CORONARY OCCLUSION IMMEDIATE CAUSE (a) This certificate should cremation, 4201 DUE TO Conditions, if ony, which gove CORONARY SCLEROSIS rise to immediate cause (a). DUF TO stoting the underlying cause burial, a 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO X the certificate, designoted ogent, prior to 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) PRIMARY | or CONTRIBUTING | should CAUSE OF DEATH 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) 20c. TIME OF INJURY Manth, Day, Year (County) (State) factory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: Page pleose execute ot wark at wark 21. I certify that I taak charge of the remains described above, held an Autopsy , Inspection X Inquiry and in my opinion for the funeral director. death resulted fram-Suicide . Natural causes X Accident Homicide | Undetermined manner moy be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER Health or its SIGNATURE _ TO DEPUTY DEPUTY MEDICAL EXAMINER June 15. 1966 **EXAMINER'S** Address (Street, city, town, or county) RD 9, CUMBERLAND, MD. NAME (Type) BENEDICT SKITARELIC. 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION 23a. BURIAL CREMATION. (City or Town) (State) 50 2Sb. REGISTRAR'S SIGNATUR 24. FUNERAL DIRECTOR VR A15ME (5)

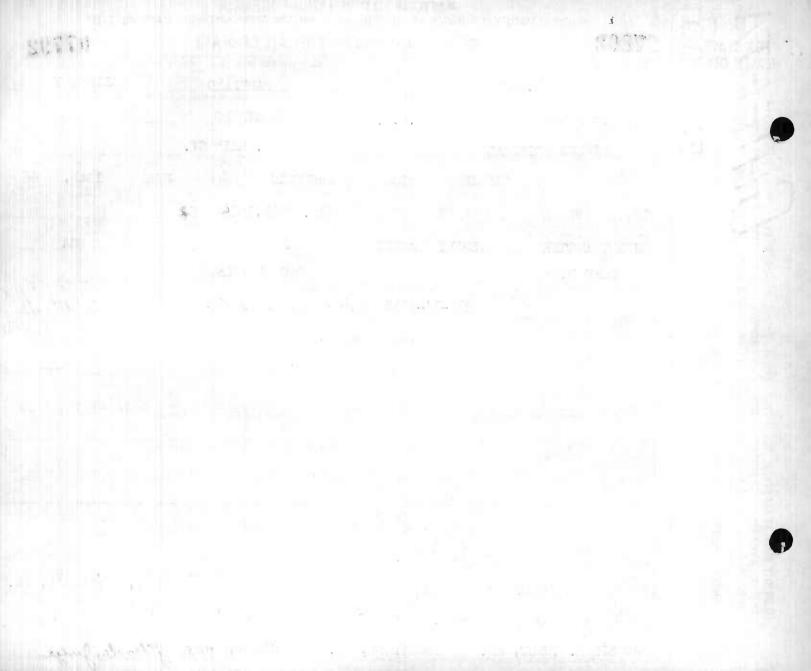
FROSTBURG, MD.

JOSEPH R. DURST, SR.

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			Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAI	RYLAND
FOR S			07803 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	7793
HEALTH	BEPT	1	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Res a. CDUNTY A. T. T. C. A. N. V. b. CDUNTY a. STATE N. A. D. V. T. A. N. D. b. CDUNTY	sidence before admission)
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ited within 24 hou in pencil in Item Examiner's Office	al, al	Ć	Yes, no, or unknown) (If yes give war or dates of service)	MD.
withi penci miner	permit. removal,	=	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
in Exam	or r		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxiation .	ONSET AND DEATH Minutes
be executed "pending" in Medical Exar	cremation, or		7290 DUE TO	99
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should word " Chief			cause (a), stating the DUE TD underlying cause last. (c)	
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R: This cer ate, writin forwarded	3 shou agent,			nty) (State)
icate e foi	ന്ന	MEDICAL	Hour-a-m. June 2Q9 66 While Not While at work All Home factory, street, office bidg., etc.) Cumberland, All	leg. Md.
AMI) ertif	Pag	1	21. I certify that I took charge of the remains described above, held an Autopsy 💢, Inspection 💢, Inquiry 💢,	and In my opinion
EXAM the cert should files.	CTOR: Page designated		death resulted from: Natural causes , Accident XX Suicide , Homlcide , Undetermined manner	
te 4	IREC its o	4	ACTUAL ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
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DEPUTY please e director.	FUNERAL DIRECTOR: f Health or its design	1	NAME (Type) DELIVED TOT SKITARELITO, M.D. The Address (Street, City, town, On county)	nty) (State)
plea directa	D'S	2	REMOVAL (Specify)	
-	- 18	1	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
VR AL	SME (5) 1/65		BYRON KIGHT CUMBERLAND, MD. DATE JUN 2 4 1966 JCLICA	rles Judge

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 07804 requires that the death certificate be executed within 24 haurs after death. physician and campletely filled in by the funeral en please remave carban papers. Pages 1 and aval, and in any event, within 72 hours after deat PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY ALLEGANY ALLEGANY MARYLAND MARYLAND b. CITY OR TOWN (If autside carparate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corparate limits, write RURAL and give negrest town) write RURAL and give nearest town)
CUMBERLAND CUMBERLAND HRS. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS HOSPITAL 420 PINE AVE. NO X ME MORIAL 3. NAME OF Middle First 4. DATE Year DECEASED 1966 27, ELMER MON TGOMERY JUNE (Type or print) DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED X 8. DATE OF BIRTH NEVER MARRIED birthday) Months Days Hours 12-13-1896 MALE BLACK WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
RETIRED CUSTODIAN COUNTRY? INDUSTRY CUMBERLAND. MD. BUTTDING 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JAMES MONTGOMERY NETTTE LEE the attendine 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, arunknown) (If yes give war ar dates of service MEMORIAL HOSPITAL, CUMBERLAND, MD. YES 219-14-6084 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a)-(b), and (c).) signed by the burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate cause (a), DUE TO stoting the underlying couse by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION far use NO F 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, 20d. INJURY OCCURRED (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour a.m. factory, street, office bldg., etc.) While Nat While ot work 196, that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased fram. Page 4 may be retained M. From causes and on the date stated above. _1966_, and that death occurred at saw the deceased alive an_ 22a. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. M.D. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S N. CENTRE ST. NAME (Type) IAMES DR. WILLIAM P. directar, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (Caunty) (State) REMOVAL (Specify) Allegany Md June 29. Woodlawn Burial Park Cumberland 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 30 JUN 1966 230 Baltimore Ave. Cumberland

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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IF A I	гн ы	- P.I	AT.	DIACE	or	DEATH

Office olong with form PM3. Page and 2 with the State Deportment of event within 72 hours after deoth. any delay is in pencil in Item 18. Give Pages 1, 2, and 3 to TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If necessory, please execute the certificate, writing the word "pending" in pencil in the funeral director. Page 4 should be forworded to the Chief Medical Examiner's 'O FUNERAL DIRECTOR: Poge 3 should be used as a burial-transit permit. File Health or its designoted agent, prior to buriol, cremotion, or removal, and necessory, please execute the certificate, writing the word 5 moy be retoined for your files.

> VR A15ME (5) 6M 1/66

MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH

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PLACE OF DEATH O. COUNTY			- CTATE	here deceosed lived, if institution: Resid	' /
	Allegany	MARYLAND	West West	E Virginia N	lineral
b. CITY OR TOWN	(If outside carparate limits, and give neorest town)	c. LENGTH OF STAY IN 1b		side corporate limits, write RURAL and g	give neorest town)
Will Holling	Cumberland		Rido	jeley	85-3
d. NAME OF HOSP	PITAL OR INSTITUTION (If not in		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	Memorial Hos	pital	164 Mai	n St.	YES NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE Manth OF	Day Year
(Type or print)	Earl	Lamara	Moore	DEATH June	11, 1966
S. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH		ER 1 YEAR IF UNDER 24 HRS.
Male	White	WIDOWED DIVORCED	8/12/07	Jast birthday) Months 58 yrs.	Doys Hours Will.
	ON (Give kind of work done		11. BIRTHPLACE (Stote o	r foreign country) 12.	CITIZEN OF WHAT
	ng life, even if retired)	Construction	Cumberlo	ind. Md.	COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN NA		
	William S.	Maake		Annie F. Linabw	ra
	VER IN U.S ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	Ridgeley,
(Tes, no, or unknown) (If yes give war or dotes of ser	214-07-4944	Mrs. Melba	Moore 164 Main	St. W. Va.
1B. CAUSE OF	DEATH (Enter only one couse p	er line for (o), (b), and (c).)			INTERVAL BETWEEN
PAKI I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	CORONARY O	CCLUSION		SUDDEN DEATH
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Conditions, if on rise to immedia	ry, which gave) (b)	CORONARY	SCLEROS IS WIT	THE THE OMBOSIS	
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last.) (c)				
PART II. OTHER	SIGNIFICANT CONDITIONS CONTI	RIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COND	PITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED?
ATIO					YES NO
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CAUSE OF DEATH					
20c. TIME OF IN	JURY Manth, Doy, Year		CE OF INJURY (Hame, form, tory, street, office bldg., etc.)	20f. (City ar tawn) (Caunty) (State)
¥ nous c	o.m. 19	of work of work	lory, street, office bldg., etc.)		
21. I certi	ify that I taak charge a	f the remains described above, he	eld an Autapsy 🔲,	Inspection X, Inquiry X	, and in my apinian
death resu	ilted fram: Natural co	auses 🗱 , Accident 🔲 , Suid	tide, Hamicide [
- 1	1		CHIEF MEDICAL E	XAMINER	_
ACTUAL SIGNATURE	Denedut	- Sketapelia)		AL EXAMINER .	22. DATE SIGNED
EXAMINER'S				EXAMINER X June 11,	
NAME (Type)	BENEDICT SKI	TARELIC, M.D.	Address (Street,	city, town, or countyCumberla	nd, Maryland
23a. BURIAL, CREMAT	ION, 23b. DATE THEREO	PF 23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Town)	(County) (State)
REMOVAL (Speci	6/15/6	56 Sunset Me	morial Park	Cumberland, M	d.
24. FUNERAL DIRECT		ADDRESS	2So. REC'D	BY REGISTRAR 2Sb. REGISTRAR'S	SIGNATURE
+	L. Wayne Georg	e Cumberland.	Md. DAILIN	16 1966 Jelian	es judge
	WILLIAM LIKEWILL	- Contract of the contract of			(/ - /

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07806 CERTIFICATE OF DEATH death the death certificate be executed within 24 haurs after death and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY o. STATE b. COUNTY ALLEGANY MARYLAND b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) YORK 19 years e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) within 72 SMYSER STREET SACRED HEART HOSPITAL YES NO X 3. NAME OF Middle 4. DATE Month First Lost Year DECEASED 1966 RIPTH MYERS JUNE ELEANOR DEATH (Type or print) IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 7. MARRIED NEVER MARRIED birthdoy) Months Doys Hours WIDOWED DIVORCED 1-22-27 FEMALE WHITE guo 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY U.S.A. FLINTSTONE n. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ZELLA(STREET RUSSELL W. 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no, or unknown) (If yes give wor or dates of service) 213-24-5860 PT'S CHART INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (c).) burial-transit ONSEL AND DEATH PART I. DEATH WAS CAUSED BY: law requires that IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending as the TO FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) curcinoma YES Z NO far 20b, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) Not While of work ot work 21. I certify that (1) (this haspital) attended the deceased fram \$ -22 1966 to 6 -5 _, 19 46, that (I) (we) last saw the deceased alive ap 4-5 19 46, and that death accurred at _____M, fram causes and an the date stated above 22b. DATE SIGNED 22o. SIGNATURE **ATTENDING** MED. STAFF PHYS. M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) DR. GREENE ST. CUMBERLAND, MARYLAND. L. BRINGS. M.D. directar, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. (County) (Stote) REMOVAL (Specify) 6/8/66 MEMORIAL GARDENS CUMBERLAND, ALLEGANY, MARYLAND 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 1966 DALFUL MERRITT BOL DECATUR ST., CUMB., MD. DATE

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		. 81.63 (4)

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07807 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death von popers. Pages 1 and 2 within 72 hours affer death filled in by the funeral popers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY a. STATE b. COUNTY ALLEGANY MARYLAND MARYI AND ALLEGANY b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) LAVALE DAYS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? MEMORIAL HOSPITAL. CUMBERLAND 1210 LAVALE ST. YES NO [3. NAME OF Middle First 4. DATE Lost Month Doy Year DECEASED WILLIAM ALLEN MYERS 19 66 JUNE (Type or print) DEATH IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED last hirthday) Manths MALE WHITE 7-27-1913 WIDOWED DIVORCED 11. BIRTHPLACE (County & Stote, or foreign country) 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) UNDUSTRY COUNTRY? and bakery BALTIMORE. MD. sales mer. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or removal, K. MYERS KRAKKX JEAN GONCE JESSE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, ar unknown) (If yes give wor or dotes of service) MEMORIAL HOSPITAL, CUMBERLAND, MD. 214-09-9186 no INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter anly one couse per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH buriol-tronsit IMMEDIATE CAUSE (a) DUE TO signed l Conditions, if any, which gove rise to immediate cause (o). DUE TO stoting the underlying couse Page 4 may be retained by the hospital or ottending has been os the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION for use of Heolth NO this certificote 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Haur o.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (State) (County) factory, street, office bldg., etc.) Nat While While at work 21. I certify that (I) (this haspital) attended the deceased fram # __ , that (1) (wet tast m, from tayses and an the date stated abave. and that death accurred a saw the deceased alive an 22a. SIGNATUR 22b. DATE SIGNED ATTENDING PHYS. STAFF PHYS. director, poge 3 should be filed v M.D. DIRECTOR 22d. ADDRESS 29c PHYSICIAN'S NAME (Type) DR WILLIAMS CENTRE ST. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF 23a. BURIAL, CREMATION, (County) (State) burial (Specify) 6-20-66 Rest Haven Cemetery Hagerstown, Md. 25b. REGISTRAR'S SIGNATURE **ADDRESS** 25a. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Charles Minnich Funeral Home, Hagerstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

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CERTIFICATE OF DEATH funeral PLACE OF DEATH e. COUNTY a. STATE Allegany the 1 MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL end give neerest town) Luke Luke d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Prayy St. 3. NAME OF DECEASED OF (Type or print) Nora Stull Nichol DEATH Amove carbon to peent, with 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Female WIDOWED 7 10e. USUAL OCCUPATION (Give kind of work remove 10b. KIND OF BUSINESS OR INDUSTRY dona during most of working life, even if retirad) House-wife Shanksville, 13. FATHER'S NAME Edmund Stull Elizabeth Stull 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (If yes give wer or detes of service) 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY, Myocardial Degeneration IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which Cholecystitis- cholelthiasis geva rise to Immediate cause DUE TO (a), steting the underlying Arterio-sclerosis 20e. ACCIDENT WAS UNDERLYING T OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, factory, street, office bldg., etc.) While Not While Hour e.m. et work et work 50 g saw the deceased alive on... 22a. SIGNATURE ATTENDING DIRECTOR O HOSPITAL.
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be filed with th 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type Green St. 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION June 30/66 Walker Cemetery 0 Shanksville. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE

Piedmont, W.Va.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2. USUAL RESIDENCE (Whare daceased lived, If Institution, Residence before edmission) b. COUNTY Mary Land Allegany
c. CITY OR TOWN (If outside corporate limits, write RURAL and give necess flown) . IS RESIDENCE ON A FARM? YES NO. Month IF UNDER 1 YEAR 9. AGE (In yeers lest birthdey) Months Deys BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? II s a Raymond Mrs. Thelma Ack, Luke, Md. INTERVAL BETWEEN ONSET AND DEATH 6 Months Vrs 5 years PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Parl I or Part II of item 18.) 20f. (City or town) (County) (Stata) 21. I certify that (I) (this hospital) attended the deceased from.......4/15/.65..., 19......, to.....6/25/.66..., 19......, that (I) (we) last 22b. DATE SIGNED Piedmont W Va.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. COUNTY o. STATE b. COUNTY ALLEGANY ALLEGANY MARYLAND attending physician and completely filled in by the sermit. Then please remove carbon papers. Pages c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
CUMBERLAND LA VALE DAYS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 9 CAMPGROUND RD. MEMORIAL HOSPITAL NO P Middle NAME OF First 4. DATE Month Lost Year DECEASED LOUIS HOWARD NIES JUNE 66 19 (Type or print DEATH SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIEDXIX NEVER MARRIED lost birthdoy) Hours MALE WHITE WIDOWED DIVORCED MARCH 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) Wholesale Food COUNTRYS PITTSBURGH. RETIRED 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOHN NIES SUSAN KEEFER 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service) 214-05-6476 MEMORIAL HOSPITAL. CUMBERLAND. 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse Poge 4 may be retoined by the hospitol or ottending O FUNERAL DIRECTOR: After this certificate has been os the last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO JAP TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? for use 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Not While foctory, street, office bldg., etc.) ot work ot work 2]. I certify that (1) (this haspital) attended the deceased fram_ 1960 19 66 , 19 , that (I) (we) last 19 66, and that death occurred of 3:22M Mom couses and an the date stated above. saw the deceased alive on 220. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR PHYS. 22d. ADDRESS 22c PHYSICIAN VIRGINIA AVE. CUMBERLAND OVERTON STIMMELWRIGHT NAME (Type) M.D. director, should be 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23o. BURIAL, CREMATION, TREMOVAL (Specify) 8,1966 June Hillcrest Burial Park Cumberland, Md. Allegany 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 James F. Scarpelli, Cumberland, Md.

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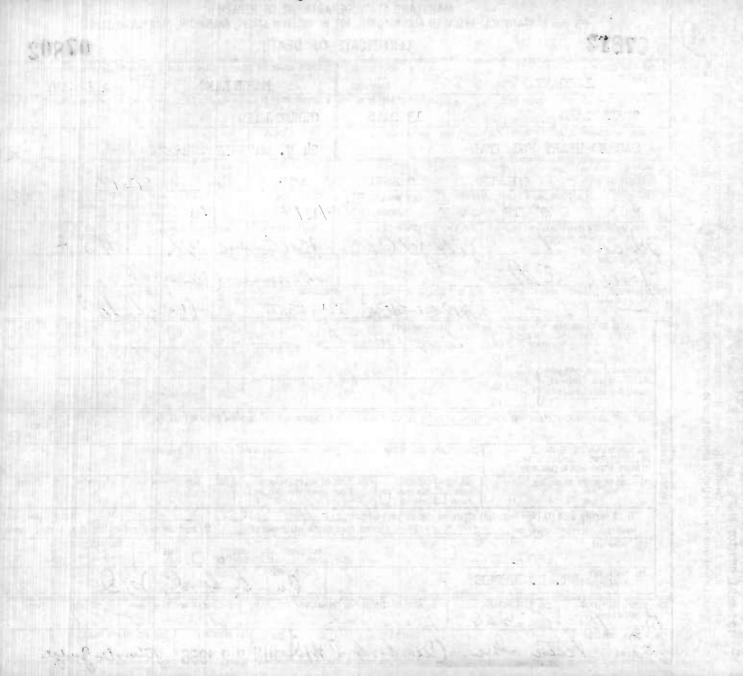
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07812 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) 1. PLACE OF DEATH o. COUNTY o. STATE b. COUNTY ALLEGANY MARYN LAND ALLEGANY MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) 13 DAYS CUMBERLAND d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? SACRED HEART HOSPITAL 24 N. WAVERLY TERRACE NO N 3. NAME OF Middle Lost 4. DATE Month First Doy Year DECEASED WILBUR CASWELL OTTO 6/16/66 cart (Type or print) DEATH S. SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED mave 60 birthdoy) 1/13/06 MATE WH ITE WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) and in during most of working life, even if revired) 13. FATHER'S NAME MOTHER'S MAIDEN NAME 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or taknown) (If yes give wor or dotes of service) PT'S CHART 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) by DUE TO burial-t Conditions, if ony, which gove rise to immediate couse (o), DUE TO stating the underlying couse TO FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? far use NO D 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 2De. PLACE OF INJURY (Home, form, (City or town) (Stote) 2Dd. INJURY OCCURRED (County) 2Dc. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour o.m. Not While ot work ot work 6 - 16 - 1946, that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram > - 4 , 19 lele, to_ saw the deceased alive an 10-16-1966, and that death accurred at_ ___M, fram causes and an the date stated above 22o. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S director, por DR. L. BRINGS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION. 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Spegify) oud on Park Com ADDRESS 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07813 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a COUNTY a. STATE 2, and 3 to PM3. Page Allegany b. COUNTY Morgan W. Va. MARYLAND after deat Department b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Cumberland 2 hours Paw Paw. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? haurs Office alang with farm Memorial Hospital c/o Postmaster in Item 18. Give Pages YES NO X ate haurs after death. NAME OF Middle 4. DATE Manth Year within 72 DECEASED Glenn 19 66 R. Overly June (Type or print) DEATH with 1 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED B. DATE OF BIRTH lost birthdoy) Haurs July 26. Male White WIDOWED DIVORCED 2 event pup Tha. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if refired).
Rail Road Brakeman B. & O. R.R. Berkeley Spgs. W. Va. pending" in pencil in of Medical Examiner's any 13. FATHER'S NAME be executed within = Myrtle Ridgeway, (Dec.) and John Oyerly (Dec. IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, ar unknawn) (If yes give war ar dates af service) remayal. Mrs Katherine H. Oyerly, Faw Paw, W. Va 1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: Occlusion SWELL AND DEATH Coronary Or IMMEDIATE CAUSE (a). writing the ward This certificate shauld burial, crematian, DUF TO Conditions, if ony, which gove Coronary Sclerosis rise ta immediate cause (a). DUF TO stating the underlying cause 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO Z 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) PRIMARY I or CONTRIBUTING I CAUSE OF DEATH. 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 5 may be retained far yaur to FUNERAL DIRECTOR: Page Health or its designated age Not While foctory, street, office bldg., etc.) at wark 21. I certify that I took charge af the remains described above, held an Autopsy Inspection X, Inquiry X and in my opinion deoth resulted fram: Natural causes X Accident . Suicide . Hamicide . Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER XX June 9, 1966 **EXAMINER'S** Benedict Skitarelic. M.D. Address (Street, city, tawn, or county) Cumberland, Md. 23o. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) Cacapon Cem 25a. REC'D BY REGISTRAR Great Cacapon, W 24. FUNERAL DIRECTOR VR A15ME (5) Johnson Funeral Homes, Berkeley Springs III 6M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07814 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) o. COUNTY o STATE 2, and 3 ta PM3. Page b. COUNTY Allegany Maryland Allegany af death. MARYLAND delay Department b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL ond give negrest town) after KNNKXXXNN 61 years Flintstone 0/e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS farm ndurs D. O. A. Sacred Heart Hospital Star Route Item 18. Give Pages NO XX 24 haurs after death. Office alang with NAME OF First 4. DATE with the S within 72 Lost Month Dov Yeor DECEASED 1966 24 Ernest Poole June (Type or print) DEATH 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER (sty birthdoy) Months Dovs Hours January 14. 1905 White WIDOWED DIVORCED Male event 0 and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? Employed Cumberland. Md. dny Examiner's pages 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME pencil be executed within _ File Thornton Poole Margaret A. Iser pub 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address permit. Chief Medical (Yes, no, or unknown) (If yes give wor or dotes of service remayal pending" Mrs. Ragina Poole, Flintstone, Md.-Wife no 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY Hemothorax, bilateral OL IMMEDIATE CAUSE (o) ward This certificate shauld cremation. DUE TO Crushed chest Conditions, if ony, which gove the v p rise to immediate couse (a) DUE TO stoting the underlying couse ds lost. burial PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? the certificate. YES A agent, priar to 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 should PRIMARY Or CONTRIBUTING TO DEPUTY MEDICAL EXAMINER: CAUSE OF DEATH Driver in Accident 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (City or town) (County) (Stote) may be retained far your FUNERAL DIRECTOR: Page While Not While foctory, street, office bldg., etc.)
Street of work Cumberland. Alleg. Maryland p.m.June 24 1966 ot work designated 21. I certify that I took charge of the remains described above, held an Autopsy XX Inquiry X Inspection T. and in my apinian the funeral directar. Natural causes . Accident . Suicide . Hamicide Undetermined manner death resulted from: CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE June 24, 1966 DEPUTY MEDICAL EXAMINER D **EXAMINER'S** 5 may 10 FUNE Benedict Skitarelic. Address (Street, city, town, or country umberland, Md, NAME (Type) M.D. 23b. DATE THEREOF 23o. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) REMOVAD(Specify) June 27,1966 Cumberland-Allegany, Md. Sunset Memorial Park 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR James F. Scarpelli. Cumberland, Md. VR A15ME (5)

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 67815 CERTIFICATE OF DEATH death, requires that the death certificate be executed within 24 haurs after death pup O. COUNTY ALLEGANY 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission O. STATE MARYLAND b. COUNTY ALLEGANY MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside carparate limits, write RURAL and give negrest town) CUMBERI and give negrest town) DAYS ELLERSLIE d. NAME DF HDSPITAL DR INSTITUTION (If not in haspital, give street address)

MEMORIAL HOSPITAL d. STREET ADDRESS e. IS RESIDENCE ON A FARM? hin 72 BOX 181 the attending physician and campletely filled sit permit. Then please remave carban pape NO T-M NAME OF First Middle 4 DATE Year DECEASED JUNE 16 66 PORTER JAMES VERNON 19 and in any event, (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED 3-27-1884 Ico pirthday) Manths Days Hours MALE WIDOWED X WHITE DIVORCED 10a LISUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, ar fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? State Line. Pa. Railroad Conductor 13. FATHER'S NAME NORMAN PORTER STATE SARAH remaval, IS. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, or unknawn) ((If yes give war ar dates af service) 17 INFORMANT 16 SOCIAL SECURITY NO Address b CUMBERLAND. MD. MEMORIAL HOSPITAL 716-10-57dl Idn, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY **CINSET AND DEATH** IMMEDIATE CAUSE (o) DUE TO signed | Conditions, if any, which gave rise to immediate cause (a). DUE TO stoting the underlying couse O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending as the O FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? use af Health tellocalleofer MICERIO dr 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) at work 21. I certify that (I) (this hospital) attended the deceased fram. 19 66, and that death accurred at \$45 M. from causes and an the date stated above saw the deceased alive an_ 22a. SIGNATURÉ 22b. DATE SIGNED **ATTENDING** director, page s chauld be filed v M.D. DIRECTOR PHYS 22d. 22c. PHYSICIAN'S S. G. WEISMAN WASHINGTON ST. CUMB. MD. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) Porter Cemetery Hyndman, Pa 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR Musiles Hyndman, Pa

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07806 CERTIFICATE OF DEATH 07816 PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) and campletely filled in by the funeral remave carbon papers. Pages 1 and o. COUNTY o. STATE b. COUNTY ALLEGANY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 54yrs RIDGELEY CUMBERIAND e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 128 Main St. SACRED HEART HOSPITAL YES NO NO NAME OF First Middle Lost 4. DATE Month Doy Year DECEASED 1966 Margherita 8 Raso June (Type or print) DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS SEX 6. COLOR OR RACE 8 DATE OF BIRTH 7. MARRIED NEVER MARRIED January 16,1884-82 Dovs Hours White Female WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Italy -Rome Italy Own Home 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar removal. Maria ? Antonio Tallacco attending permit. The 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, or unknown) (If yes give wor or dotes of service Mrs. Sam Margherita, Ridgeley, W. Va. no 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH INFARETION mys CARDING 2 IMMEDIATE CAUSE (o) signed by DHE TO ARTBRUSCLERNES Conditions, if ony, which gove GNERALIZED rise to immediate couse (a). DUE TO stating the underlying couse as the TO FUNERAL DIRECTOR: After this certificate has been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? DIABIST 19 NO V MELLITIS the haspital ar for 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Dov. Year Not While foctory, street, office bldg., etc.) of work June 1962, to June 186, that (1) two last 21. I certify that (1) (this haspital) attended the deceased from_ TO HOSPITAL OR ATTENDE Page 4 may be retained 19 6 6, and that death occurred at TH M, from couses and an the date stated above saw the deceased alive on the 220. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR **ATTENDING** STAFF PHYS. director, pay 10.64 M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 4 Carrier SMALLWOOD COMPIERDADIND MICHNEL ,26 N. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) June 11,1966 St. Mary' Cemeterv Cumberland . Md. 25o. REC'D BY REGISTRAR 2Sb. REĞISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Mclionles James F. Scarpelli, Cumberland, Md. VR A15 (4) 20 M 1/66 1966

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MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07813 CERTIFICATE OF DEATH and physician and completely filled in by the funeral en please remove carbon papers. Pages 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH requires that the death certificate be executed within 24 haurs after dea o. COUNTY o. STATE b. COUNTY Maryland Allegany Allegany MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) Cumberland Cumberland 9 days d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Sacred Heart Hospital Rt. #2 YES NO event vith 3. NAME OF Middle 4. DATE Month Year Doy DECEASED 66 19 Abbie Robertson DEATH (Type or print) 9. AGE (In years lost birthday) Female 6. COLOR OR RACE 8. OATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED Days Hours WIDOWED DIVORCED 6/3/93 White 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) COUNTRY? U.S.A INDUSTRY Allegany Co. Infirmary Maryland Retired 13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME signed by the attending phy burial-transit permit. Then Norval Kerns Rachel Barnes IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, ar unknown) (If yes give wor or dates af service ar 215-36-9689 Chart Richard Fagan Route 2. Cumberland 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) 4201 DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO stating the underlying cause be retained by the haspital or attending as the TO FUNERAL DIRECTOR: After this certificate has been WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION far use NO 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) 20c. TIME OF INJURY Manth, Ooy, Year 20d. INJURY OCCURRED (County) (State) Hour o.m. factory, street, office bldg., etc.) Not While at work at work 19 6 6 that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram. 1966, and that death accurred at 850 M, fram causes and an the date stated abave. saw the deceased alive an-22a. SIGNATURE 22b. DAIE SIGNEO **ATTENOING** MED. DIRECTOR STAFF PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 156 N Center Street directar, 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) Md Hillcrest Burial Park Near Cumberland, Alleg June 28. 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'O BY REGISTRAR VR A15 (4) 20 M 1/66 Balto Ave., Cumberland, MGAINUN 1966

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	RY OR CREMATORY	23d. LOCATION (City, tox	wn or county)	(Stete)
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MARYLAND STATE DEPARTMENT OF HEALTH

and campletely filled in by the funeral remave carban papers. Pages 1 and 2 in any event, within 72 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical director, page 3 shauld be detached far use as the burial-transit permit. Then plantally be filed with the State Dept. of Health prior ta burial, crematian, ar remaval,

VR A15 (4) 20 M 1/66

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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S.	SEX	6. COLOR OR RACE WHITE	MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 7-31-04	9. AGE (In yeors IFU last birthday) Mon	NDER 1 YEAR IF UNDER 24 HRS. ths Days Haurs Min.
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		eceased alive an	-16- 1966, and	a mai death accurred a		an the date stated abov
	22o. SIGNATURE	L'ens 1	anno	M.D. PHYS.	MED. STAFF DIRECTOR PHYS.	Co-17-66
	22c. PHYSICIAN'S NAME (Type	DR. LEWIS BI	RUNGS	22d. ADDRESS 57 GR	EENE ST., CUMBERL	AND, MD.
230	BURIAL, CREMATIC REMOVAL (Specify Burial	0N, 23b. DATE THERE		y or crematory Burial Park	23d. LOCATION (City or Town) Cumberland Al	(County) (State) leg Maryland
24	. FUNERAL DIRECTO		ADDRESS	25a. 26		
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 07821 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) and campletely filled in by the funeral remove carbon-gapers. Pages 1 gnd PLACE OF DEATH o. COUNTY o. STATE b. COUNTY ALLEGANY VA. MINERAL MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RIDGELEY W. Va. 2 HOURS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 1 BARNCORD ST. SACRED HEART HOSPITAL YES NO 3 requires that the death certificate be executed within NAME OF First Middle Lost 4 DATE Month Year ¥ DECEASED RYAN 19 66 WILLIAM MC KINLEY June (Type or print) DEATH IF UNDER 24 HRS. S. SEX 9. AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH NEVER MARRIED birthdoy) Dovs Hours 8-18-98 in any MALE WHITE WIDOWED DIVORCED 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) Railroad COUNTRY? and SHENANDOAH. VA. Carman Helper 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar remaval, MANAY ANA MIXEXXXXXXX Jacob Ryan Mollie Mc Cov 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) ((If yes give war or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address PATTENT'S CHART 705-12-2113 no CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH Heart failure IMMEDIATE CAUSE (o) DUE TO Cor pulmonale 2 years Conditions, if any, which gove rise to immediate couse (a). DUE TO stoting the underlying couse Emphyse ma years the 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? NO X YES 🗍 TO FUNERAL DIRECTOR: After this certificate by the haspital ar PHYSICIAN: 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 ar Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Not While foctory, street, office bldg., etc.) of work ot work 21. I certify that (1) (this haspital) attended the deceased fram 5 = 8 , 1961, to 6 - 8 , 1966, that (1) (we) last saw the deceased alive an 6 - 8 1966, and that death accurred at 10 a M, fram causes and an the date stated above. 220. SIGNATURE 22b. DATE SIGNED ATTENDING MED. DIRECTOR M.D. PHYS. director, page 3 shauld be filed v PHYS. 22d. ADDRESS 22c. PHYSICIAN'S 62 GREENE ST., CUMBERLAND, MD. 21502 NAME (Type) RALPH W. BALLIN, MD. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23o. BURIAL CREMATION. 23b. DATE THEREOF BREMOYAL (Specify) Cumberland, Md. Mt. Herman Cemetery June 11 2Sb. REGISTRAR'S SIGNATURE ADDRESS 2Sa. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR
James F. Scarpelli, Cumberland, Md. VR A15 (4) Charles Judge 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. requires that the deoth certificate be executed within 24 hours after deoth 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY o. STATE b. COUNTY ALTEGANY ALLEGANY in by the fun ers. Pages 1 72 haurs after o MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give neorest town) 3 Days FROSTBURG CUMBERLAND d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Box 167 SACRED HEART HOSPITAL YES NO 3. NAME OF carbon Middle Lost 4. DATE First Doy Year DECEASED 1966 SAVILLE 6-30 J. ELMER DEATH Type or print 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED birthday) Manths Days Haurs WHITE MALE WIDOWED DIVORCED Jan. 26. 1926 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Tire builder Tire TISMUNTRY ? GREENSPRING.W.VA. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Elmer Boyd Saville Sarah Grace Short signed by the attending period by the attending period tronsit permit. The IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no or unknown) (If yes give war ar dates at service) 22-18-5877 PATIENT'S CHART 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Haur o.m. Not While factory, street, office blda., etc.) at work at wark O FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased fram 27 June, 19 66, to 30 June, 1966, that (1) (we) lost sow the deceased alive on 29 June 1966, and that death occurred of 600 M. from causes and on the date stated above. 220. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR STAFF PHYS. 30 Ourse 66 director, poge should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) James C. Stagmaier Cumberland 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) 23a. BURIAL CREMATION (State) (County) REMOVAL (Specify) LISRURY-SOMERSET-CO-2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS VR A15 (4) 20 M 1/66 DATE

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07824 CERTIFICATE OF DEATH by the funeral Pages 1 and 2 naurs after death The law requires that the death certificate be executed within 24 haurs after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE pletely filled in by the fune carban papers. Pages 1 a ent, within 72 haurs after d ALLEGANY MARYLAND MARYLAND ATTECANY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 CHMBERLAND YEARS d STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 610 E. OLDTOWN ROAD MEMORTAL HOSPITAL YES NOT Middle 4. DATE 3. NAME OF First Lost Month Doy Year DECEASED EMILY VIRGINTA SHAFFER JUNE 1966 (Type or print) DEATH IF UNDER 1 YEAR | IF UNDER 24 HRS. SEX B. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Dovs FEMALE WHITE 12-7-87 WIDOWED T DIVORCED 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 10o, USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) during most of working lite, even if retired) COUNTRY? KEYSER, W.VA. 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME crematian, or remaval, JOHN COOK MARY MELISSA DAVIS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT 610 E Addres 1 dtown Road CHESTER W. SHAFFER Cumberland, Maryland INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). signed by the burial-transit i burial, cremati ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Muse þ be retained by the hospital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse the 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO OF TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached far us shauld be filed with the State Dept. af Healt 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) Not While ATTENDING of work L ot work 21. I certify that (I) (this haspital) attended the deceased fram 860 . 1965 to . 1966 that (1) (we) last 1966, and that death accurred at 920 M, fram causes and an the date stated above. saw the deceased alive an_ 226. DATE SIGNED 220. SIGNATURE ATTENDING MED. DIRECTOR M.D. 22d. ADDRESS 22c PHYSICIAN'S William NAME (Type) MHILL 23o. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 6-9-66 Fillerest Burial Park Cumberland, Allegany. 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Dale L. Merritt 404 Decatur st., Cumb., Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

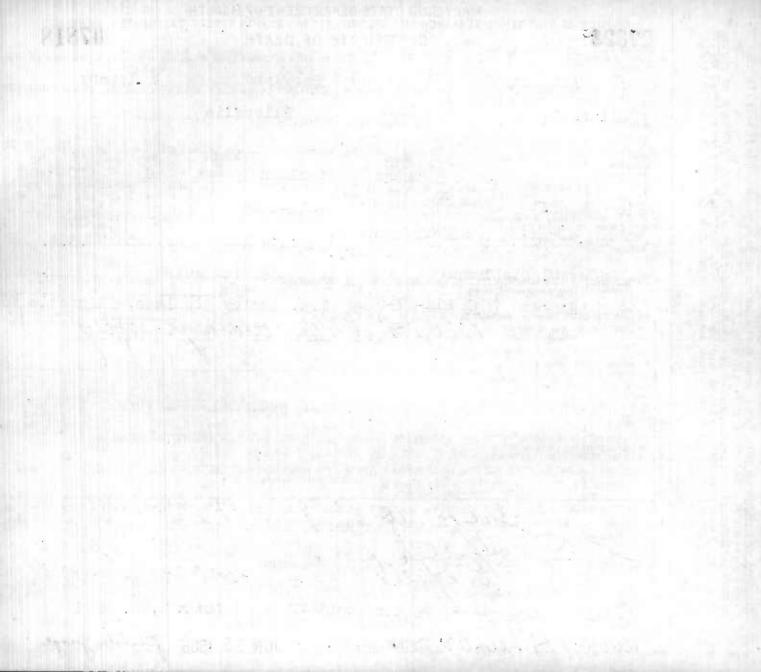
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 07826 ond 2 death the attending physicion ond completely filled in by the funerol sit permit. Then please remove carbon popers. Pages I ond nation, or removal, one on one within 72 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY LEGANY · MARYLAND requires that the deoth certificate be executed within 24 hours after ALLEGANY MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) CUMBERL AND rest town) DAYS LONACONING d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? SELDOM SEEN RD. MEMORIAL HOSPITAL. 50 YES NO TO 3. NAME OF 4. DATE First Month Year DECEASED SMI TH OF DEATH WILLIAM JUNE 16, 1966 S (Type or print) 6. COLOR OR RACE WHITE 7. MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX DATE OF BIRTH 9. AGE (In years NEVER MARRIED 12-13-1886 last ighdoy) Months Hours MALE Doys WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done during most of working lite, even if retired)

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(Yes, no, or unknown) (If yes give war or dates af service) 17. INFORMANT 16. SOCIAL SECURITY NO. MEMORIAL HOSPITAL. CUMB. MD. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (e), and (c).) signed by the burial-tronsit p PART I. DEATH WAS CAUSED BY: ONSER AND DEATH IMMEDIATE CAUSE (a) Poge 4 may be retained by the hospital or attending physician DUE TO Canditions, if any, which gave rise to immediate couse (o), DUE TO stating the underlying couse os the O FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? for use NO 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Hour a.m. factory, street, affice bldg., etc.) Not While ot work at work 21. I certify that (1) (this haspital) attended the deceased fram the deceased fram ______, 19,65 to _____, 1966, that (I) (we) last ______, 1966, and that death accurred at ______, 19,65 and an the date stated above saw the deceased alive an_ 220. SIGNATURE 22b., DATE SIGNED ATTENDING STAFF PHYS. M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S CENTRE ST. CUMB. MD. NAME (Type) DR. F. WILLIAMS director, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) (State) 6/18/66 Oak Hill Cemetery ry Lonaconing, A.
250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Md 24. FUNERAL DIRECTOR George Eichhorn Lonaconing, Md. Melarles

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. and death 1. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY a. STATE the tes hours after Hegany ary Llegany MARYLAND by the b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENCTH OF STAY IN 1b write RURAL and give nearest town) life Ellerslie d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 24 within NO TX YES etely executed within 3. NAME DE First Middle Last 4. DATE Month Day DECEASED Stahlman 6 1966 (Type or print) DEATH Banks 6. COLOR OR RACE DATE OF BIRTH ACE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months ! Days WIDOWED 14-1916 DIVORCED 10a. USUAL OCCUPATION (Cive kind of work done) 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be Electrican, Sel during most of working life, even if retired) COUNTRY? &Heating Plumbing a removal, 13. FATHER'S NAME Corpl.14. Celenese 15. WAS DECEASED EVER IN U.S. ARMED FORCES 17. INFORMANT 50 (Yes, no, or unkown) (If yes give war or dates of service) W.W. 7 cremation. erslie 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN The law requires that the -transit ONSET AND DEATH þ PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a burial-trai DUE TO Cenditions, If any, which (b) peen gave rise to Immediate r to DUE TO cause (a), stating the underlying cause last. (c) certificate has 35 CERTIFICATION 119. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO [YES [or PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) jo this cert OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) RECTOR: After this cer 3 should be detached with the State Dept. o MEDICAL (State) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from TO FUNERAL DIRECTOR: saw the deceased alive on and that death occurred at M. from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR PHYS. M.D. PHYS O HOSPITAL 22c. PHYSICIAN'S 22d. ADDRESS director, p should be f NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Cemetery Hyndman, Pa. RD#1 orter Buria. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SICNATURE 24. FUNERAL DIRECTOR yndman, Pa. VR A15 (4) 20M 1/65

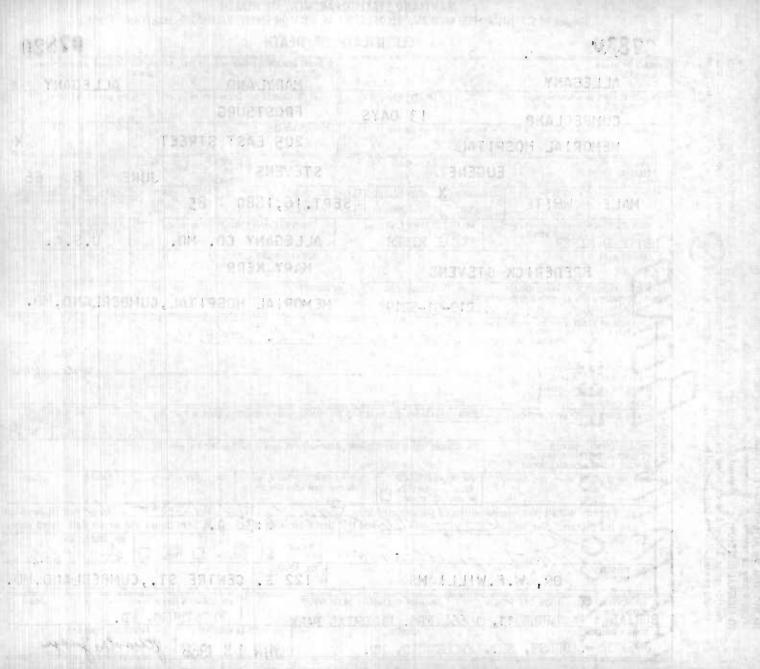


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07819 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Allegany deloy is ond 3 to M3. Page 0 death. Allegany MARYLAND Marvland Deportment b. CITY OR TOWN (If outside corporate limits, write RURAL ond give neorest town)

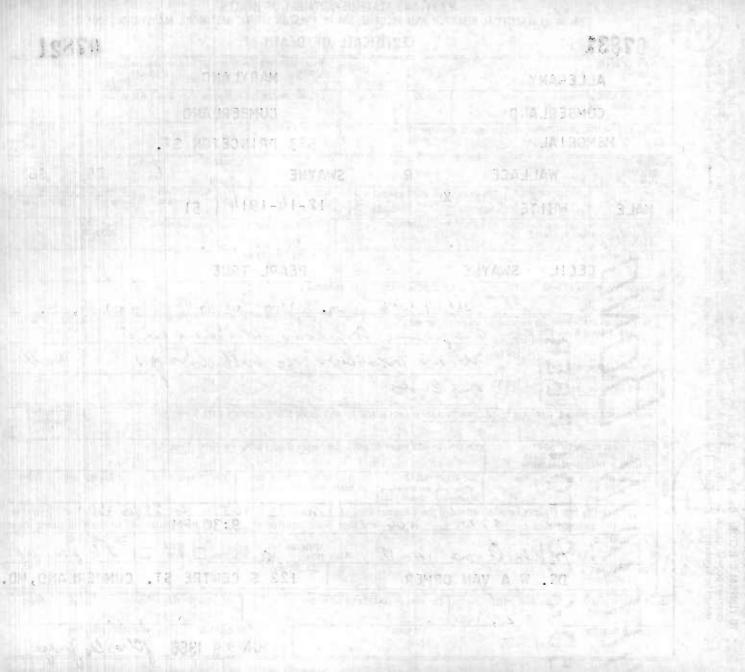
ural Cumberland c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b 2, ond PM3. F after Rural Cumberland Rural d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 72 hours a YES X NO Rt. Brice Hollow Road Item 18. Give Pages 3. NAME OF Middle 4. DATE First Lost Month Doy Year DECEASED 1966 within Joseph Matthew June (Type or print) Steger DEATH IF UNDER 1 IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED XX DATE OF BIRTH 9. AGE (In years NEVER MARRIED birthdoy) Months Dovs Hours 7/12/20 White DIVORCED Male WIDOWED event 24 haurs ond 2 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT INDUSTRY COUNTRY? Richmond, Virginia dny County Agent Agriculture 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME certificate should be executed within .= John Robert Steger Pearl Topscott Steger File and WAS DECEASED EVER IN U.S. ARMED EORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address .⊆ (Yes, no, or unknown) (If yes give war ar dotes of service) permit. removol W.W. II Phyllis Steger Cumberland, Md. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
 PART I. DEATH WAS CAUSED BY: buriol-tronsit ONSET AND DEATH 0 CORONARY OCCLUSION SUDDEN IMMEDIATE CAUSE (o) writing the word 4201 cremotion, DUE TO CORONARY SCLEROSIS WITH THROMBOSIS Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse 0 forwarded SO burial, a used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? CERTIFICATION YES A the certificate. NO 0 pe 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) prior 3 should PRIMARY Or CONTRIBUTING AL EXAMINER: CAUSE OF DEATH. ogent, | 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) may be retained for your FUNERAL DIRECTOR: Page at work ot work designoted 2). I certify that I took charge of the remains described above, held an Autopsy 3. Inspection X Inquiry Doc and in my opinian Suicide funeral directar. death resulted fram: Natural causes Accident Hamicide [Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE BENEDICT SKITARELIC, M.D. June 27, 1966 Cumberland, Md. O DEPUTY DEPUTY MEDICAL EXAMINER 0 **EXAMINER'S** Health Address (Street, city, town, or county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (Stote) 0 REMOVAL (Specify) 6/30/66 Burial Davis Memorial Cemetery Cumb Allegany Md.
REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15ME (5) 21 Memorial Ave. Cumb., Md. DATE IIIN 20

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 17820 87830 rely filled in by the funeral rban papers. Pager ond 2 t, within 72 hours after beath. 24 haurs after death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY ALLEGANY MARYLAND MARYLAND **ALLEGANY** c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If outside corparate limits. c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town) write RURAL and give nearest town) FROSTBURG DAYS d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspitol, give street oddress) e. IS RESIDENCE d. STREET ADDRESS ON A FARMS 205 EAST STREET MEMORIAL HOSPITAL NO N requires that the death certificate be executed within 3. NAME OF DATE remave carban EUGENE Doy Year the attending physician and campletely sit permit. Then please remave carban STEVENS DECEASED JUNE 1966 (Type or print) DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WHITE SEPT. 16, 1880 Sign birthdoy) Months Dovs Hours MALE WIDOWED 10a. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) JOB. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired)
RETIRED MINER ALLEGANY CO. MD. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MARY KERR FREDERICK STEVENS 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, na, or unknown) (If yes give wor or dotes of service MEMORIAL HOSPITAL, CUMBERLAND, MD. 219-01-5219 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a) b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise ta immediate cause (a), DUE TO stating the underlying couse as the TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? far use NO 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 50 detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour a.m. factory, street, office bldg., etc.) Nat While at wark 21. I certify that (1) (this haspital) attended the deceased fram. 1966, to 6-2 Cand that death accurred p138 A.M. fram causes and an the date stated above saw the deceased glive an. 22o. SIGNATURE 22b. DATE SIGNED STAFF PHYS. ATTENDING DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S W.F.WILLIAMS 122 S. CENTRE ST. CUMBERLAND. MD. NAME (Type) director, should be 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (County) (State) BURLAL (Specify) FROSTBURG, MD. JUNE 11. FBG. MEMORTAL PARK 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 Munice JOSEPH R. DURST, SR., FROSTBURG, MD.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 07831 death death. filled in by the funeral papers. Pages I and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY o. STATE b. COUNTY MARYI AND ALLEGANY be executed within 24 haurs after MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) **CUMBERLAND** d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? MEMORIAL 523 PRINCETON ST. 5 YES NO X completely fi NAME OF Middle 4. DATE First Last Month Day Year DECEASED 66 WALLACE 25 R SWAYNE (Type or print) DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthdoy) Months Dovs Haurs 12-14-1914 WHITE MAI E WIDOWED DIVORCED and in any 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
SALLSMAN 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? requires that the death certificate AMARANTH. PA. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, CECIL SWAYNE PEARL TRUE 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dates at service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address 214 07 1047 Mrs. Mildred Swavne NO Cumberland. Md crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c),
PART I. DEATH WAS CAUSED BY: burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO signed ! Canditions, if any, which gove (b) rise to immediate cause (a). DUE TO stating the underlying couse 4 moy be retained by the hospital ar attending as the has been lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) far use NO O FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. 20e. PLACE OF INJURY (Home, farm, (City or town) (State) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (County) factory, street, office bldg., etc.) Haur o.m. Nat While of work ot work , 1965, to 4 25 \$45 1966, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from. nor. shauld ed with the 25 Nov. 19 66, and that death accurred of 9:30 from auses and an the date stated above. saw the deceased alive on___ 22b. DATE SIGNED 22o. SIGNATURE STAFF PHYS. ATTENDING DIRECTOR M.D. director, page 3 should be filed 22d. ADDRESS 22c. PHYSICIAN'S CENTRE ST. CUMBERLAND. MD. DR. ORMER NAME (Type) VAN 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) SUNSET MEMOROAL PARK TOSO, RECD BY REGISTRAR CUMBERLAND, MD. JUNE 28. 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR BYRON KICHT VR A15 (4) 20 M 1/66 CUMBERLAND, MD. Ochanles 1966



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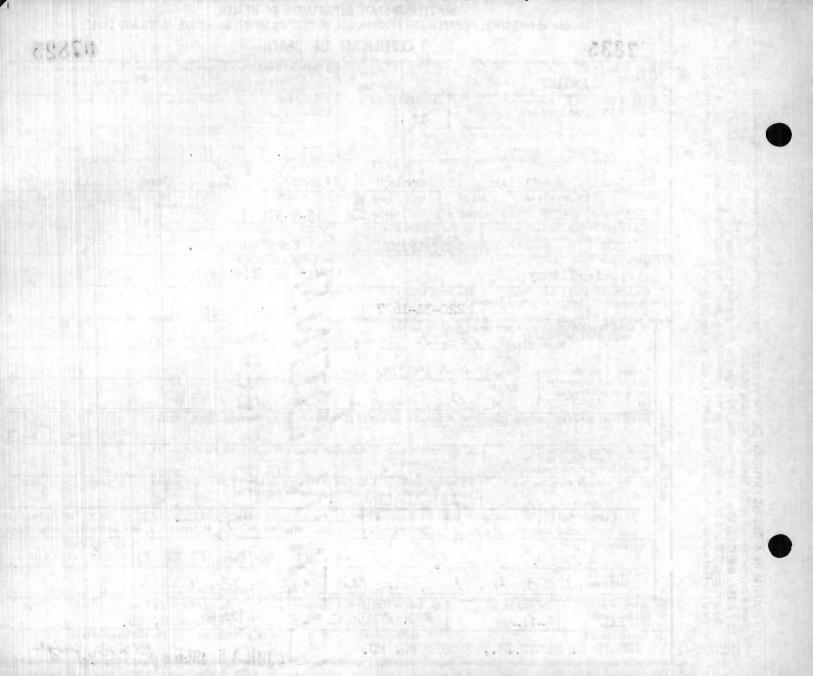
MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. funeral PLACE DF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) e. COUNTY b. COUNTY after ALLEGANY affer. ALLEGANY the MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Page papers. 172 hours hours 1 DAY FROSTBURG = filled d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? MINERS HOSPITAL event, within YES NO X completely i executed within 3. NAME OF First DATE Month Middle Lest DECEASED CHARLES H. THOMPSON JUNE 19 66 (Type or print) DEATH 30 5. SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED A NEVER MARRIED last birthdey) Months any WHITE MALE WIDOWED DIVORCED MAY 6 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) physician and ph = 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT be INDUSTRY COUNTRY? U.S.A OWN BUSINESS MARYLAND certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JACK THOMPSON CLARA WINTERS ren 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT FRUSTBURG, MD. been signed by the attenthe burial-transit permit. (Yes, no. or unkown) (If yes give war or dates of service) death 291 WELSH NO 236-14-6688MRS. 18. CAUSE DF DEATH [Enter only one cause per line for INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 22 the hospital or attending physician. IMMEDIATE CAUSE (a DUE TO Conditions, If any, which gave rise to immediate DUE TO cause (a), stating as the underlying cause last. (c) this certificate has CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use PERFORMED? NO X YES I 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) of MEDICAL (State) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) be de State I factory, street, office bldg., etc.) STOR: After should be d Hour a.m. Not While OR ATTENDING I at work at work 1966 TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the 21. I certify that (I) (this hospital) attended the deceased from 1966, and that death occurred at 6.45 M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR Page 4 may b M.D. 22d. ADDRESS PHYSICIAN'S NAME (Type) BROADWAY, FROSTBURG BURIAL, CREMATION, REMOVAL (Specify) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town (State) 23b. DATE THEREOF BURIAL JULY 1966 MEADOWPOINT CEMETERY RILOU SOWERS 25a. REC'D BY REGISTRAR FUNERAL HOME 1966 MAIN ST. FROSTBURGIE VR A15 (4) MARILOU 60 W. 15M 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 07835 requires that the deoth certificate be executed within 24 haurs after deoth death puo PLACE OF DEATH completely filled in by the funeral 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY a. STATE b. COUNTY ALLEGANY ALLEGANY MARYLAND Pages b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give negrest town) 12 HRS CHMBERT.AND d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE 212 N. CENTER ST. HEART HOSPITAL SACRED YES NO carbon 3. NAME OF Middle 4. DATE First fast Manth Day Year DECEASED 19 66 William Barclay 11 Timney June (Type ar print) DEATH 9. AGE (In years Just birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 8. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Manths Davs Haurs MALE WHITTE WIDOWED DIVORCED XX 12-4-37 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) NOUSIRY during most of working life, even if refired) COUNTRY? the attending physicion sit permit. Then please Frostburg. Md. TISA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Alexander Timney Dorothy Liningston 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, na, ar unknawn) (If yes give war ar dates af service) 220-34-1627 Patient's Chart 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH IMMEDIATE CAUSE (a) signed by DUE TO comeral Canditians, if any, which gave (b) rise ta immediate cause (a). DUE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate hos been the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO SEATH BUT NOT RELATED TO THE TERMINAL DISPASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES NO for 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm. (Caunty) (State) Haur a.m. Nat While factory, street, affice bldg., etc.) at wark at wark 21. I certify that (I) (this haspital) attended the deceased fram Page 4 may be retained and that death accurred at 4 M fram causes and an the date stated above saw the deceased alive an 1966 22a. SIGNATUR 22b. DATE SIGNED **ATTENDING** M DIRECTOR M.D. PHYS. PHYS director, page should be filed filed 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (Caunty) (State) BURIAL Specify) FBG. MEMORIAL PARK FROSTBURG, MD. 6-14-66 25b. REGISTRAR'S SIGNATURE ADDRESS 25a, REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Milarles Judge VR A15 (4) 20 M 1/66 JOSEPH R. DURST.SR., FROSTBURG. MD.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S FOR STATE RTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) e. COUNTY b. COUNTY ALLEGATATY MARYLAND ${f BEDFORD}$ b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If putside corporate limits, write RURAL and give neerest lown) write RURAL end give nearest lown) CUMBERLAND DASS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? MEMORIALHOSPITAL Stafe YES NO NAME OF Middle Lasi 4. DATE Month DECEASED OF (Type or print) LUTHER MONROE TTPTON DEATH 1966 with 5. SEX 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (fn years LIF UNDER 1 YEAR) IF UNDER 24 HRS last birthdey) Months WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Buffalo Mills R.D#1 USA Engineer 14. MOTHER'S MAIDEN NAME NOAH TIPTON LOVINA COOK 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no. or unknwn) | (ffves give were rdetes of service) 705-05-9640 RANDOLPH 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c),) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Hemothorax. IMMEDIATE CAUSE (6) Left 4 Days Office DUE TO Fractured Ribs. Left Chest Conditions, if eny, which (b) 4 Days gove rise to Immediate cause DUE TO (e), steting the underlying SE cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? 200 YES NO To pjnoys 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) Fell down steps at home to the Chie 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (Stele) fectory, street, office bldg., etc.) Penna. 8.00 p.m.June 11 19 66 et work et work Home 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection X Inquiry Y. and in my opinion Natural causes Accident 1 death resulted from: Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER lease executions is should be forward. Private DII ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER June 14. Benedict Skitarelic. NAME (Type) M.D. Address (Street, city, town, or county) 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stete) REMOVAL (Specify) Bedford , Pa. 940 g Bedford Mousoleum 6-17-1966 BURIAL 23. FUNERAL DIRECTOR ADDRESS 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. AISME 5M 9/60

ARYLAND STATE DEPARTMENT OF HEALTH

8343L Liden-Unarak, Hers Transmiss II bs, "Left Clear, de Days The same in the sa . 11110 HOOL ALEGERICA MESSAGE demotion Skitarelia, i.B. A VILLERY N LAND LE VILLE VILLEN CONTRACTOR OF THE STREET STREET, STREET Then please remove carbon papers. Pages 1 and movel and in any event, within 72 hours after death

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

Page 4 may be retained by the haspital ar attending physician

VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this cerificate has been signed by the attending chysician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health priar to burial, crematian, ar remayel, and in any event, within 72 hours after again

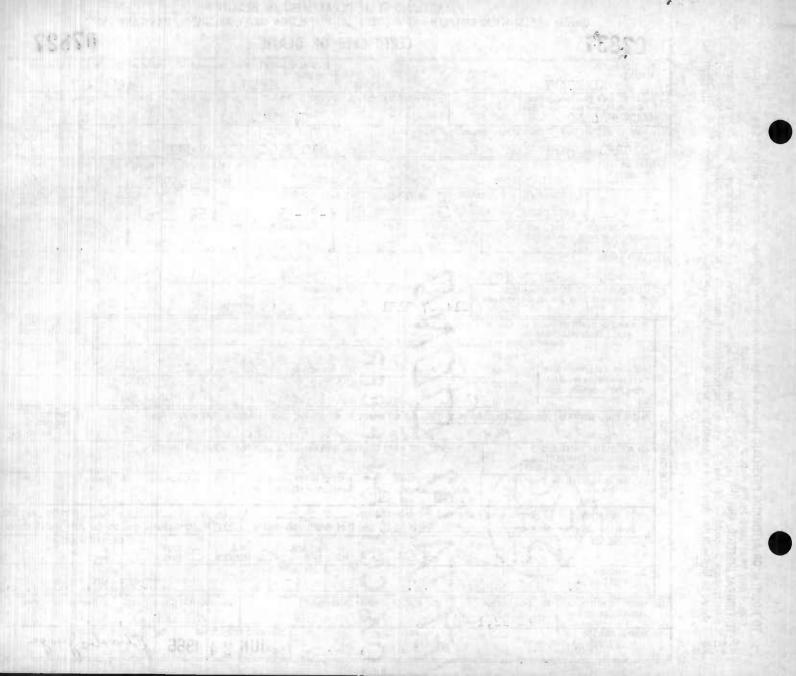
MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

07827

o. COU	OF DEATH				NCE (Where deceased liv		Kesidence befor	e odmissioi	n)
0. 000	ALLEGANY		MARYLANI	o. STATE	IARYLAND	b. COUNTY	LLEGANY	,	
b. CITY	OP TOWN (If outside corner	ote limits,	c. LENGTH OF STAY IN 16		(If autside corparate lim				
CIT	e RURAL and give nearest to MBERLAND	own)	LIFE	CUMBE	RIAND		01	_ /	
	E OF HOSPITAL OR INSTITUTI		give street oddress)	d. STREET ADDRES			Í	e. IS RESIDI ON A FA	ENCE
SA	CRED H EART	HOSPTTAT.		510 BAT	TIMORE AVE	TITE.		YES T	
3. NAME		First	Middle	Lost	4. DATE	Month	Dov		
DECEAS	SED H (OWARD	COMOD	WAGNER	OF DEATH	JUNE	19	19 6	
S. SEX	6. COLOR OR		NEVER MARRIED	8. DATE OF BIRTH	9. AGE	(In years If	UNDER I YEAR	IF UNDER	
MALE	WHITE	WIDOWED	DIVORCED [6-22-13	52	birthdoy) M	onths Doys	Hours	Min.
10o. USUAL	OCCUPATION (Give kind of w	ork done 10b KI	ND OF BUSINESS OR		County & State, or foreign		12. CITIZEN O	F WHAT	
during mos	t of working life, even if retire	d) IN	DUSTRY			.,,	COUNTRY	?	
13. FATHE	SPINNER R'S NAME	T CEIL	ANESE FIBERS	14. MOTHER'S MA		JAND	Ues	2A.	
		(ת) מייו				TATA CONTEND	(D)		
IS WAST	JOHN WAGON DECEASED EVER IN U.S. ARMED	FORCECO IV	SOCIAL SECURITY NO.	17. INFORMANT	(SHANHOLT)	Address	(D)		
(Yes no, o	runknown) (If yes give wor	or dotor of captical	4 07 3131		COMMIN	ridgi 033			
				PT	S CHART		1 100	rovia oro	UFFN
18. 0	AUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	BY:		÷ 10				TERVAL BETV ISET AND DE	
	- 7 _ IMMEDIAT	E CAUSE (a)	ERITON	1115					
Condi	tions, if ony, which gove	DUE TO P	EFORATI		BOWE	,			
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	g the underlying cause	DUE TO	STRUCTI	F1.	AT	MESTO			
last.	,							MAC AUTO	NDC V
S PART	II. OTHER SIGNIFICANT COND	-				PART I(o)		WAS AUTO PERFORME	ED?
E L	ACUTE		RDIAZ				Y	ES 1	NO 🔀
₩ OR CC	ACCIDENT WAS UNDERLYING ONTRIBUTING CAUSE OF DEA (HER, NOTIFY MEDICAL EXAMIN	ATH	SCRIBE HOW INJURY OCCUR	RED. (Enter noture of inju	ury in Port 1 or Port II of	item 18.)			
₹ 20c.	TIME OF INJURY Month, Doy Hour o.m.	,		. PLACE OF INJURY (Home		y or town)	(County)	(5	Stote)
WE	p.m.	19 While of work		foctory, street, office bld	g., erc.)				
2	1. I certify that (I) (#	his hospital) atten	ded the deceased fra	m 6-8	, 19 <u>66</u> , ta	6-19	_, 19=6, t	nat (H) (we) las
St	aw the deceased alive	an 6-1	9 19 6 C, and	that death occurre	ed at 1587M, fro	im causes an	d an the da	te stated	abave
220.	SIGNATURE		20	ATTENDING	MED.	STAFF	226. DATE SIG		
	05/	neclar	Laure	M.D. ATTENDING PHYS.	DIRECTOR	PHYS.	6	21.6	1
22c.	PHYSICIAN'S			22d. ADDRESS					
	NAME (TypeDR. GLI	CK &SPIGGL	E M.D.	122 S	MALLWOOD S	CUMBER	CLAND, I	MARYL	AND.
23o. BURI		DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATIO	N (City or Town)	(County) (St	tote)
REMO	BURIAL JU	NE 22,1966	ST. LUKES			BERLANI			1.41
24. FUNE	RAL DIRECTOR		ADDRESS	250.	REC'D BY REGISTRAR	25b. REGIS	RAR'S SIGNATU	RE T	
	BYRON KICH	T	CUMBERLAND,	MD. DAT	JUN 2 4 19	56 A	rances	Port	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE h. COHNTY a. STATE

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Allegany

b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLANO C. LENGTH OF STAY IN 1h Cumberland
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS the 5 Md. e. IS RESIDENCE ay and 3 to 1 ON A FARM? State hours 50 NO X Memorical Hospital 706 Holland Street YES and and 3. NAME OF DATE Year the 72 DECEASED (Type or print) DEATH 19 66 James Watkins 2 with within fter death. If a Give Pages 1, 3 g with form F 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED lest birthday) | Months | Days 4/28/72 WIDOWED DIVORCED [White event toe. USUAL OCCUPATION (Give kind of work done down most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? n 24 hours after I in Item 18. Giv s Office along v pages 1 in any (Retired Maintance Man
13. FATHER'S NAME Celenese Orange Virginia.
MOTHER'S MAIDEN NAME Corp. Joseph A. Watkins
15. WAS DECEASED EVER IN U.S. ARMED FORCES? File Caroline B. Matthews 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unkown) | (If yes give war or dates of service) permit. certificate should be executed within iting the word "pending" in pencil is ded to the Chief Medical Examiner's No. Mrs. Albert Hast. Cumberland. Md. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. OEATH WAS CAUSED BY: burial-transit per cremation, or r Chronic Myocarditis IMMEDIATE CAUSE (e) Weeks OUF TO Arteriosclerotic Cardiovascular disease Conditions, if eny, which (b) gave rise to immediate OUE TO cause (a), stating the 60 used as a to burial, underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION WAS AUTOPSY PERFORMED? Fracture of Hip NO XX YES T EXAMINER: This certific the certificate, writing to should be forwarded to should be 20a. EXTERNAL CAUSE WAS 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY OF CONTRIBUTING XX CAUSE OF DEATH. Fell at daughters home fracturing him

20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | 20f. (City of town) 3 shou agent, MEDICAL 20c. TIME OF INJURY Month, Oay, Year While at work at work CTOR: Page Cumberland, Alleg, Maryland 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection XX. Inquiry X. and in my opinion DIRECTOR: Suicide death resulted from: Natural causes Accident . Homlcide Undetermined manner execute the r. Page 4 s d for your CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 10 DEPUTY MEDICAL EXAMINER XX June 25. 1966 FUNERAL f Health ou **EXAMINER'S** please ey director. retained BENEDICT SKITARELIC. M.D. Address (Street, city, town, or countyCumberland, Md. NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 0 24. FUNERAL DIRECTOR Rose Hill Cem. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15ME (5) deumberland Md DATE JUN Charles Judge 1966

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1966

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o. COUNTY	Allegany		MARYLAND	o. STATE Md.		Alleg	gany
Wester	N (If outside corparate limi and give nearest tawn)	SEL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	utside corparate limits, write RUI	RAL and give nea	rest tawn) /-/
	PITAL OR INSTITUTION (If n	ot in hospital, giv	ve street address)	d. STREET ADDRESS 417 Waln	ut		e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type ar print)	Mary	irst	Middle Ellen	last Welsh	4. DATE Mont	h 20)ay Year 19 66
Female	6. COLOR OR RACE White	7. MARRIED [WIDOWED]	NEVER MARRIED DIVORCED	B. DATE OF BIRTH Jan 6, 1884	9. AGE (In years last birthday) Yrs.	Months Day	
a. USUAL OCCUPAT	ION (Give kind of wark done in the even if retired)		D OF BUSINESS OR USTRY		y & State, ar foreign country) Maryland	12. CITIZEN COUNTR U. S.	OF WHAT
S WAS DECEASED	O. Wilson	2 16.50	OCIAL SECURITY NO.	14. MOTHER'S MAIDEN Mary E.			
	n) (If yes give war ar dates DEATH (Enter anly one ca		-) (b) J (a)	Mrs. Hilda	August-Washing		INTERVAL BETWEEN
rise to immed stating the un last.	ny, which gave iote couse (o), derlying cause	(c)		thorax pr	imary lesion		yr 19. WAS AUTOPSY
20a. ACCIDENT	WAS UNDERLYING NG CAUSE OF DEATH				Part I ar Part II af item 18.)		PERFORMED? YES NO
(IF EITHER, NOT	IFY MEDICAL EXAMINER) NJURY Month, Day, Year	20d. INJ While at wark	Not While	PLACE OF INJURY (Home, far factory, street, office bldg., etc		(Caunty)	(State)
21. I ce saw_the	rtify that (I) (this ho	spital) attende	ed the deceased fran		19 66 to 6/20 t 7.20 prom couses	, 19_66 and on the d	Sthat (I) (we) la late stated aba
22a. SIGNATU	Janus No	heila.		M.D. ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SI	
22c. PHYSICIA NAME (T	(pe) James My	Volverto	n, Sr.	22d. ADDRESS Piedmo	nt, W.Va.		
23a. BURIAL, CREMA	(TION, cify) 23b. DATE TH		23c. NAME OF CEMETERY Philos		23d. LOCATION (City or To	t -Alle	egany, Md
24. FUNERAL DIRE	CTOR BOY, U	We	address sternport, Mo		D BY REGISTRAR 25b. RE	GISTRAD'S SIGNA	es Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 shauld be detached far use as the burial-transit permit. Then please shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and it

Page 4 may be retained by the hospital ar attending physician.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 24 hours after death. death funeral 1 ond 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY WEST b. COUNTY ALLEGANY VIRGINIA carbon papers. Poges I ent, within 72 hours ofter MARYLAND filled in by the Poges 1 b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) KEYSER DAYS CUMBERI AND d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM STAR ROUTE #2 MEMORIAL HOSPITAL YES NO requires that the death certificate be executed within 3. NAME OF Middle DATE First Month Year attending physicion and completely permit. Then please remove carbon DECEASED JUNE 1966 (Type or print) THELMA M WERTMAN DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX B. DATE OF BIRTH 6. COLOR OR RACE NEVER MARRIED 8 rthdoy) Months Dovs Hours DEC.28,1907 WHITE FEMALE DIVORCED 11. BIRTHPLACE (County & Stote, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT ond in during most of working life, even if retired) INDUSTRY PETERSBURG.W. VA. House wite 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, cremotion, or removol, MARY ELLEN WEIMER ESTON DOLLY 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or inknown) (If yes give wor or dotes of service 16. SOCIAL SECURITY NO. 17. INFORMANT permit. MEMORIAL HOSPITAL, CUMBERLAND, MD. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY Massel. ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or attending physician. signed by DUE TO Conditions, if ony, which gove (b) rise to immediate couse (o), DUE TO stoting the underlying couse has been director, page 3 shauld be detoched for use as the should be filed with the State Dept. of Health prior to lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO TO FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING
CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour o.m. factory, street, office bldg., etc.) While Not While of work ot work 21. I certify that (1) (this haspital) attended the deceased fram . 19____, that (I) (we) last 3 shauld and that death accurred a50 M, fram causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 220_SIGNATURE ATTENDING PHYS. M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S O HOSPITAL FULLER B WHI TWORTH 305 WASHINGTON ST., CUMBERLAND NO NAME (Type) NAME OF CEMETERY OR CREMATORY 23d. LQCATION (City or Town) (Stote) 23o. BURIAL CREMATION. 23b. DATE THEREOI (County) REMOVAL (Specify) MANNEYA Wille wiles UNG 4 58x **ADDRESS** 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral death. after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE Maryland b. COUNTY b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND c. CITY OR TOWN OF GUILD COPPORATE HIMITS, Write RUNAL and give hearest town) c. LENGTH OF STAY IN 1b 24 hours Frostburg
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Lonaconing Ξ filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM within 72 Florida Wav YES NO P Miners Hospital within completely i 3. NAME OF DATE DF DEATH First Middle Last Month Year DECEASED WILT GRACE A. (Type or print) 19 executed 6. COLOR OR RACE 8. DATE OF BIRTH ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Iast pirthday) | Months | Days | Hours | Min. 7. MARRIED NEVER MARRIED rem in any Female DIVORCED June White WIDOWED [10a. USUAL OCCUPATION (Cive kind of work done I 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) pe during most of working life, even if retired) House Wife Swanton. Md. death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending ph Alta M. Fitzwater Sweitzer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 0 (Yes, no, or unkown) (If yes give war or dates of service) MD. Robert Wilt. Lonaconing. SON 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET, AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? certificate NO V YES 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OCCUPED CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.) this 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 2Df. (City or town) (County) (State) After Id h Hour a.m. Not While at work While at work p.m. 21. I certify that (I) (this hospital) attended the deceased from 195 6 to DIRECTOR: age 3 should iled with the 1966, and that death occurred at 6 A.M. from the causes and on the date stated above. saw the deceased alive on. 22a. SICNATURE 22b. DATE SICNED director, page should be filed STAFF PHYS. MED. M.D. DIRECTOR TO FUNERAL O HOSPITAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 0 NING (State) BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) Park Cumberlandm MD. Buria. Sunset Memorial 6/8/66 ADDRESS REC'D BY REGISTRAR | 25b REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 1966 GEORGE ETCHHORN Lonaconing, VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 07844 17834 requires that the death certificate be executed within 24 hours after death. in by the funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a COUNTY o. STATE b. COUNTY ALLEGANY MARYLAND MARYTAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares) Town) CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 CUMBERLAND 8 DAYS CIMBERT AND d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS SACRED HEART HOSPITAT. YES NO X 829 MT POVAT carbon ent, with 3. NAME OF First Middle 4. DATE Lost Doy Year DECEASED ARTHUR YOUNG (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 8. DATE OF BIRTH 9. AGE (In year 6. COLOR OR RACE 7. MARRIED W NEVER MARRIED remove/ lost birthdoy Months WIDOWED DIVORCED WHITE 10o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT FATHER'S NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 6. SOCIAL SECUR Y NO. 17. INFORMAN (Yes, no, yunknown) (If yes give wor or dotes of service patients CHART 18. CAUSE OF DEATH (Enter only one couse per-line for (o), (b), and (c),) INTERVAL BETWEEN buriol-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse hos been PART IL-OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? NO O FUNERAL DIRECTOR: After this certificate for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING FT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Not While 2]. I certify that (1) (this haspital) attended the deceased fram 20 nc 19 1966, to 1046 27, 1965, that (1) (we) last saw the deceased alive an store 27 1965, and that death accurred at 2 4 M, from couses and an the date stated above 220-SIGNATURE 22b. DATE SIGNED **ATTENDING** M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S director, po should be f NAME (Type) DR. DOERNER 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) (Stote) REMOVAL (Specify) 6/29/66 SS. Peter & Paul Cumberland. Md. ADDRESS 2Sb. REGISTRAR'S SIGNATURE 24. FÜNERAL DIRECTOR 2So. REC'D BY REGISTRAR DATE

